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ART. I.—*An Account of an Epidemic Bilious Fever, which prevailed in Indiana in* 1845. By THOMAS W. FRY, M.D., of Crawfordsville, Indiana.

In the summer and fall of 1845, this section of Indiana was visited by an epidemic almost unparalleled in its medical history. It was not confined to any particular localities; but its victims were found sick upon the hills and in the valleys, upon the bluffs of water courses, and the margins of marshy ponds, upon the high, dry, rolling timber lands, and in the vicinity of the stagnant pools of the barrens and prairies. In the early part of the summer there were some severe cases of cholera morbus, and many cases of a mild intermittent fever. Towards the latter part of July remittent and congestive fevers appeared in our midst, and almost the entire population was suddenly stricken with disease.

The object of the present article is to give a brief account of Remittent Fever, the form in which the disease prevailed most extensively. The description must necessarily be imperfect, since the privilege of post-mortem examinations could not be had.

Although the very existence of remittent fever has been denied, it is now known to possess certain characteristics distinguishing it from all other fevers. "The term is employed to designate a fever of which the symptoms undergo at intervals during its course a marked abatement or diminution, which is called a remission;" the paroxysms of fever, followed by remissions, generally occurring daily. The type of the disease of which I am about giving a history, was variant; in some cases manifesting a decided tendency to the intermittent form; in others, running into continued fever. The remissions, at times, were so distinct that they were with difficulty distinguished from intermissions; and again they were so slight, and of so short duration, as to be scarcely recognisable. Intermittent and remittent fevers were, by Cullen, identified. Mackintosh remarks, "that remittent fever is a disease of warm climates, and when the skin is yellow has obtained the name of yellow fever. It may be regarded more properly as forming the mean degree in the scale of periodic or marsh fevers, of which intermittent and yellow fever constitute the extreme points. A more intense operation of the febrific cause than is required for the production of intermittent fever engenders remittent, and the more violent the latter the more remote is its character from intermittent: or in other words, the less perceptible the remissions." This may be inferred from the fact that in countries where this disease prevails, strangers suffer more intensely from it than permanent residents.

The treatment which I pursued having been somewhat at variance with the usual plan recommended by systematic writers, I shall give a detailed history of a few cases, prefacing them with a brief enumeration of the symptoms preceding and accompanying the attack. As a general thing,

there was some previous indisposition, such as headache, languor, loss of appetite, and debility. The tongue was coated in some cases with a white or yellowish white, and, in others, with a brown fur, accompanied with bitter taste, and considerable thirst; occasionally the tongue was red in the centre, and furred on either side. A sense of weight was generally felt in the epigastrium, and tenderness on pressure in that region and in the left hypochondrium. The spleen, in many cases, was evidently enlarged, and may have been instrumental in the production of pain. The pain, however, was never so great as to demand bloodletting; the application of mustard plasters generally afforded relief. The pulse was weak, frequent, compressible, and sometimes irregular; varying very little in frequency, during the remissions, from the natural standard; seldom hard, strong, or bounding, even during exacerbations. Vomiting frequently occurred in the early stages of the disease, yellow, and sometimes, thin green matter being discharged. The urine, in most cases, was scanty and high colored, producing a burning sensation as it passed.

The attack, in almost every instance, was ushered in by a sense of chilliness, generally recurring at intervals of forty-eight hours, evidently showing the type to be tertian. There was, however, some variation in this respect; occasionally there were diurnal exacerbations and remissions, the exacerbations being much more severe on alternate days. The mind was generally clear, sometimes confused, with occasional bursts of delirium. In a few cases there was "the striking peculiarity noticed first by Robert Jackson, M.D., in 1817," and subsequently by Joseph Brown, M.D., in the Encyclopædia of Practical Medicine, "in which the mind retains its acuteness of perception and vigor of reasoning, but there is one erroneous impression so firmly fixed that no argument can shake it." In one case the individual imagined his head and limbs to be separated from his body and occupying different localities; he was afraid to take food or medicine lest his stomach should not be in the proper position for its reception. Many

were deeply impressed with the idea that the disease must necessarily terminate fatally. This impression operated powerfully in retarding the progress of recovery, but was not often realized. The vast amount of sickness threw a gloom over the whole community, which produced desponding impressions on the minds of all patients.

Cause.—The conflicting opinions on this subject would indicate that the cause of intermittent, remittent, and continued fever is still shrouded in mystery. The generally received opinion, that malaria is the cause of fever, has been controverted in an able article on the Pathology of Fever by Robert Willis, M.D. It is remarked by Dr. Willis that "the problem of the highest interest in medical science that waits for solution at the present moment is, perhaps, this:—To explain the cause of the unhealthiness of so many tropical climates, and of alluvial and marshy countries generally, where the summer temperature is high." He continues, "that after a careful study of the subject, he entirely concurs in opinion with those who, from their experience in tropical climates have felt themselves authorised to deny the existence of any specific contagion or miasm, the product of vegetable matter in a state of decay under the combined influence of heat and moisture. As chemists we are perfectly familiar with the products of the decomposition of vegetable substances under such circumstances, and as physiologists with the effect of gases then evolved upon the animal economy, which certainly bears no resemblance to the phenomena of remittent and intermittent fever. According to my ideas, marsh miasm and malaria are nothing more nor less than moist warm air—air, excessively moist, considered in connexion with its own temperature, and the temperature of the human body." In support of this opinion he alludes to the experiments of M. Delaroche, which go to prove that animals confined in stove rooms experience more speedy and fatal effects when the air is moist and of a high temperature

than they do when the air is hot and dry. Death, however, is the result in both instances, but is produced in different ways;" in the former they die as they do when covered with an impervious glaze; "the conditions necessary for the excess of oxidised plasma, and the removal of deoxidised plasma are wanting, and life ceases as a matter of course." He also alludes to the unhealthy regions on the western coast of Africa, where the mean temperature is about 80° Fah., and the atmosphere close upon the point of saturation with humidity; here man is on the verge of circumstances that are even incompatible with existence. The sudoriparous glands, he contends, present a larger quantity of watery vapor than can be taken up by the surrounding atmosphere, with sufficient rapidity to meet the wants of the system in its state of excitement; fever ensues, and life is almost of necessity the forfeit. Those mysterious powers spoken of by tropical writers as solar and lunar influences are, according to Dr. Willis, nothing more than effects of exposure to the sun's heat and the increased moisture of the air which follows in the temperature of the night season. This heat, aided by moisture, produces functional derangement of the skin, which prevents the free access of the oxygenated plasma so necessary to the existence of life.

To this forcible and ingenious article of Dr. Willis it is replied by Dr. McWilliams, late senior medical officer to the Niger Expedition: "That heat and moisture are conditions of the atmosphere which readily admit of quantitative determination, by methods in common use; and if fever were caused by them alone in Europeans in the tropics, it should prevail whenever their amount is the same. Now by reference to the meteorological tables in my work, the temperature and dew-point outside the niger, where no fever occurred, and while in the river, were as follows:

	Tem., 3 p. m.	Dew-point, 3 p. m.
Passage from Sierra Leone to Arca	87·77	70·61
Outside Niger from 9th to 12th August	70·00	73·70
In the river and ascending to Abek	80·00	74·00
At Abek, Idduk, and the confluence of the Niger, and Tchadda, to Sept. 21st	84·60	73·50
Confluence of the Niger and Tchadda to Egga	86·60	72·00

Thus, though the expedition was exposed from the first of July to the beginning of August, to air containing more moisture, and but little inferior in temperature, at the hottest part of the day, to any experienced within the river, not a case of fever made its appearance until the 4th of September, three weeks after it entered the river, and had been exposed to the emanations from the ordinarily recognised sources of malaria. Similar results have been observed elsewhere; in Barbadoes, for instance, no fever occurred among the troops in the garrison during August, September, or October, 1841, and although in November a very violent fever broke out, the temperature of the air was lower than in August, and the dew-point lower than in September. Their means were as follows:

	Temperature, 3 p.m.	Dew-point, 3 p.m
August,	83·77	70·61
September,	82·13	73·78
October,	82·31	72·67
November,	82·83	71·67

"Hence, he concludes, the connexion between heat and humidity of the atmosphere and severe remittent and yellow fever is by no means so clear as Dr. Willis would have us suppose." Many other facts are related by Dr. McWilliams in relation to the West coast of Africa in direct opposition to those of Dr. Willis.

As to the cause of the general prevalence of the disease in this region of country my mind is not fully satisfied. In many parts of it there exist most of the ordinarily recognised

sources of malaria; in many others none at all, or if any, to a very limited extent. One fact, however, I observed, which may have had some agency in generating the specific poison. There were frequent showers of rain, followed by a very hot sun, which produced an unusually rapid decay of vegetable matter. This was observed more particulary in the latter part of the season when the leaves of the trees were beginning to fall.

The mean temperature of those months in which the sickness prevailed most extensively, was as follows:

July, - - - - - -	76·84
August, - - - - -	76·86
September, - - - - -	67·18
October, - - - - -	55·96
November, - - - - -	43·43*

In July the thermometer ranged, at 12 o'clock, throughout the whole month, from 70·67 to 94·00, never falling below or rising above these points.; in August its range was from 70·00 to 91·00; in September from 55·00 to 86·00. By far the greater number of cases occurred in August and September, months in which dews are generally heavy. The attacks generally followed exhausting fatigue, exposure to a hot sun, or the damp night air. What agency malaria had in producing the disease I could not determine, since it prevailed as extensively in those sections of country esteemed healthy, as it did in those that were considered malarious.

Case I.—Mrs. Vanarsdale 45 years of age, a woman of uncommon health and strong constitution, was taken 13th July with severe headache, pains in the loins and lower part of the back, a general feeling of lassitude, dizziness on rising, slight

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* Taken from the Meteorological Tables of Rev. William Twining, Professor of Mathematics in Wabash College.

nausea and oppression about the epigastrium, intelligence good. Gave an emetic of ipecacuanha, which relieved the stomach of a large quantity of bilious matter; calomel and rhubarb of each grs.viii, to be taken at bed time.

14th. The medicine produced several stools; the patient passed a restless night; skin hot and dry; tongue coated with a brown fur; thirst great; giddiness; considerable prostration; bitter taste; no tenderness in the epigastrium, but a severe sense of weight there; severe pain in the head, but no delirium; anxious expression of countenance; pulse weak and frequent. Calomel and Dover's powder of each grs. iii., to be taken at intervals of three hours, through the day, followed by a small dose of castor oil in the evening.

15th. Passed a more comfortable night; intelligence good; slight moisture on the skin through the night; mouth still dry; no appetite; some thirst; headache; eyes dull and slightly tinged with yellow; stools green and liquid; considerable exacerbation towards evening, with tenderness in the epigastrium, which is relieved by the application of mustard; stools still liquid and green. Two powders as on yesterday; spts. nitre with a small addition of ipecacuanha every two hours through the day.

16th. Headache much less severe; intellect perfectly clear; no nausea; mouth clammy, not so dry; free perspiration through the night; stools consistent; no return of pain in the epigastrium; pulse frequent and compressible. The condition of the patient seeming to demand quinine, a small portion was given, but as it was not borne well, was omitted, and the nitre and ipecac. continued. Blue pill and rhubarb at night.

17th. General condition much improved; remission more distinct; still very little appetite. Quinine grs. ii. every two hours, till ten grains have been taken.

18th. Slept well; skin moist; tongue cleaning off; appetite a little improved; urine, which up to the present time had been scanty and high colored, is clear and more abundant; stools less frequent and more consistent. Quinine to

be continued as yesterday. The patient, though apparently free from disease, remained weak for several days, when she was attacked with diarrhœa, followed by severe paroxysms of fever. These symptoms were relieved by a similar course of treatment, in about the same length of time.

Case II.—Mrs. Walton, 38 years of age, had enjoyed but poor health for some months, and for several days previous to the time when I first saw her, had suffered from severe headache and nausea, accompanied by occasional vomiting of bilious matter; a sense of weight in the epigastrium, and pain in the left hypochondrium, and pains in the back and loins. On the morning of the 13th August I found her laboring under the above enumerated symptoms. Skin hot and dry; tongue thickly coated with yellowish white fur; excessively bitter taste; extremities cool; chilly sensations running up the back; the mind slightly disturbed; bowels bound; pulse moderately full and frequent. An emetic of ipecac. was given, by the operation of which a large quantity of bile was discharged. Blue pill at night, to be followed by castor oil in six hours.

14th. The condition of the patient is more comfortable than it has been for several days, but the sense of weight and tenderness is not entirely removed; pulse is feeble and frequent; tongue thickly coated; great oppression; several scanty, liquid stools; slight nausea; skin dry; some thirst; conjunctiva yellow; urine still scanty and high colored; some chilly sensations in the forenoon; mind in a better condition, but when interrogated the patient weeps. Spirits nitre and paregoric to be given through the day; blue pill and rhubarb at night; mustard to be applied to the extremities and epigastrium.

15th. Pulse and urine as yesterday; stools less frequent and more consistent; pain in the head continues about the same; slept but little; the face and upper part of the body a little moist; considerable prostration. Quinine gr. i. ordered to be given every hour, but could not be taken in conse-

quence of increased febrile excitement. Spirits nitre and ipecac. substituted; another dose of blue mass and rhubarb at night.

16th. The paroxysm of fever passed off with copious perspiration; tongue still coated with a white fur; cephalalgia very slight; no epigastric tenderness; pulse moderately full and soft; urine more copious and more of a straw color; no appetite; some thirst; although there is a general modification of the symptoms, the mind is fixed upon the necessary fatality of the disease; mouth clammy; stools more frequent. Blue pill grs. iv, rhubarb grs. iv, every three hours till there is free discharge from the bowels.

17th. Three doses of blue mass and rhubarb acted well upon the bowels, after which there was some refreshing sleep; tongue still furred; skin soft; thirst diminished; desires a little chicken broth; discharges from the bowels becoming too frequent; Dover's powder grs vi checks them; quinine grs. ii every hour for six hours.

18th. Strength slightly increased; passed a tolerably comfortable night; thirst moderated; appetite some better; tongue cleaning off; countenance more cheerful. Chicken broth for diet, and quinine grs. v to be taken in the course of the day.

19th. Slight exacerbation yesterday evening, but less than on any preceding day; intelligence perfectly good; no cephalalgia; pulse approaching a natural standard; she continues weak; wine and mild diet recommended. Visits discontinued. Patient improved for several days, when she was seized with severe pains in the bowels, followed by frequent and slight discharges of bloody mucus, but these symptoms were soon relieved by the ordinary remedies.

Case III.—Mrs. Quick, 34 years of age, very much worn down by the fatigues of nursing a sick family, was taken on the 28th August with a slight chill, followed by a severe paroxysm of fever, cephalalgia, delirium, and great restlessness. The attack was preceded by several days of languor and

general indisposition. The sense of weight and tenderness at the epigastrium and hypochondrium, present in all the cases to which I was called, was rather greater in hers than usual; considerable prostration and a tendency to stupor also marked her case. Ipecacuanha was given in sufficient quantity to excite free vomiting, and an unusually large quantity of bilious matter was thrown up. Calomel and rhubarb of each grs. viii, to be taken at night.

29th. The powder taken acted freely on the bowels, carrying off much dark, offensive matter, greatly to the relief of the head and back; pulse weak and frequent; tongue coated with a brown fur; mouth dry; much thirst; sense of weight and tenderness diminished; urine scanty and high colored; mind slightly wandering; skin dry, but not so hot as yesterday. Spirits nitre and ipecac. to be given every two hours through the day; a dose of aperient pills at night.

30th. No distinct chill yesterday; an exacerbation in the afternoon, which went off with excessive perspiration; rested badly; drowsy this morning; tongue still coated and clammy; urine more freely discharged; no delirium, but considerable restlessness; giddiness upon rising; no appetite; thirst. Prescription as yesterday; blue pill in place of the aperient.

31st. Chill came on yesterday about 11 o'clock, lasted for several hours, and was followed by high fever, delirium, epigastric tenderness, and cephalalgia; had passed a restless night; slight remission this morning. Mustard applied to the extremities and epigastrium; the nitre continued, and rhubarb and jalap given in sufficient quantities to act freely on the bowels.

Sept. 1st. Paroxysm of fever yesterday evening much less violent than that of the preceding day. Bowels were freely opened; skin softer, with some moisture on the face and upper part of the body; mouth less clammy; conjunctiva tinged with yellow; countenance expressive of anxiety; intelligence good; no appetite; no cephalalgia. The remission was so distinct as to justify the exhibition of quinine.

which was given in two grain doses every hour for five hours. Blue pill and rhubarb at night.

2d. Considerable improvement from yesterday. Patient rested well through the night; perspiration copious to-day; no headache; tongue cleaning off; some appetite; slight improvement in strength; no thirst; intellect perfectly clear. Quinine continued.

The patient continued feeble for several weeks, occasionally suffering from slight paroxysms of fever, which were finally relieved by the use of quinine.

Two cases committed to my care terminated fatally, but as post-mortem examinations were not permitted, it is unnecessary to write them out in detail. One of them was complicated with thoracic disease.

The General Treatment of Fever.—Bleeding. So far as my knowledge extends, bleeding is recommended by all systematic writers, with few exceptions; some, it is true, oppose the use of the lancet upon the ground that the blood is in what is considered a dissolved state. The conviction of the impropriety of bloodletting in the disease as it prevailed here during the past season, was early made on my mind, and I did not employ it in a single instance; but I had an opportunity of observing its effects in several cases to which I was called in consultation. The tendency to sink was generally very great, and the prostration consequent upon free bloodletting was truly alarming, requiring all the powers of medicine to bring about reaction. In former years I have used the lancet with most decided benefit.

Emetics.—Many writers condemn the use of emetics in remittent fevers. Dr. Mackintosh cautions young practitioners against their "indiscriminate employment," and remarks "that irritability of the stomach is one of the most frequent and troublesome symptoms, and once excited it is always difficult, in many cases impossible, to restrain it." The sense of weight in the epigastric region, present in all the cases that

came under my observation, indicated to me the necessity of emetics in the treatment of the disease. When emetics were administered in the early stage of the disease, they not only relieved the stomach of its contents, but exerted a controlling power which was shown in the modification of every symptom. In a few cases some irritability of the stomach was excited, which was easily controlled by the application of mustard to the epigastrium, followed by cloths saturated with laudanum to the inflamed surface. Some cases required the internal use of morphine, paregoric, or a combination of laudanum and sulphuric ether. Aperients and anti-periodic medicines acted much more promptly and beneficially when preceded by emetics.

Mercury.—The symptoms of biliary derangement demanded its employment, but not to the extent to which, in this section of country, it is generally carried. It is contended by some, that the course of a remittent fever may be cut short by bringing on the specific action of mercury; but of the utter fallacy of this doctrine I have had ample and convincing proof. In most of the fatal cases of the past season a severe ptyalism had been induced, and where the result was not so unfavorable the mercurialized patients recovered far more slowly than those who were not treated upon that plan. From the quantity of mercury used, it might be inferred, in the emphatic language of Stokes, that the great mass of our physicians belonged to the "hepatic school of medicine, in which the existence of almost every organ, except the liver, seems to be forgotten, and of which the creed seems to be, that there is but one viscus, the liver; one source of disease, biliary derangement; and one cure, mercury; a creed which, though not defended and enforced by the sword, has cost perhaps as much of human life as others whose history is written in letters of blood." The vast amount of unnecessary and cruel suffering inflicted upon large numbers by the abuse of this medicine, calls loudly for

reformation. In many instances the paroxysm of fever returns upon the subsidence of mercurial action. In remittent fever it may be employed in such a way as to avoid its specific effect upon the system, and yet exert a decidedly controlling power over the severity and duration of the disease.

Sulphate of Quinine.—The controlling power of this article over the febrile paroxysm is known to all, but there is some difference of opinion as to the proper mode and time of employing it. During the past summer and fall many opportunities were afforded me of observing the effect of quinine when employed previous to the administration of emetics or cathartics, and without reference to the condition of the chylopoietic organs. The high estimation in which Sappington's pills* were held by the community induced many to use them. In the mildest form of simple intermittents they arrested the disease; but in the severer forms of both intermittent and remittent fever, their employment in the early stages was decidedly hurtful; the periodicity of the disease was frequently broken up, but a more malignant and continued fever supervened. When by the use of remedies previously spoken of there was an amelioration of all the symptoms, a reduction of the inflammatory condition of the system, and more distinct remissions, the sulphate of quinine acted as promptly in arresting remittent as intermittent fever. The first dose generally checked, or greatly modified the exacerbation. As to the size of the dose, medical writers differ in opinion. Dr. Stokes, and many physicians in Italy, on the coast of Africa, and in the Southern part of the United States, have expressed a most decided preference for a single large dose once a day. That this practice is successful in many cases, and in many countries, cannot be denied; but that it is always the best practice, and can be indiscriminately employed, may well be doubted. During the

* Composed of quinine, liquorice, and gum myrrh.

prevalence of this fever I gave it in various doses and at various intervals—in ten grain doses once a day; in four or five grain doses every three hours, and in half grain doses repeated every half hour. But as a general rule its controlling power was more manifest when given in doses of from two to three grains, repeated at intervals of one hour, for six hours previous to the time when the chill was expected. I am fully persuaded that no one mode of administering it is suited to all cases and climates. There are modifying circumstances in all constitutions, and in all countries; and if these are not carefully noted and weighed, the physician cannot prescribe with any degree of certainty.

May 20, 1846.

ART. II.—*Observations on the Topography, Climate, and Diseases of Tipton county, Tennessee.* By R. B. HARPER, M.D., of Portersville, Tennessee.

This district of country lies under latitude 35½° N.; its western border is watered by the Mississippi; it is bounded on the north by Big Hatchie river; Beaver creek and its tributaries pass through the eastern and south-eastern parts of the county. The two last mentioned water courses have extensive low-lands bordering upon them—say from one mile to two miles wide, and besides these there are creeks of smaller size with low lands of considerable extent. The high land extends to the Mississippi on the west, forming a bluff ftom 100 to 150 feet high. The waters do not pass directly into the Mississippi, but perform circuitous routes, passing first into Hatchie and Beaver. The water courses are crooked and their currents sluggish, yet they have cut deeply into the strata, forming high banks on either side. They are subject to inundations in the winter and spring. That part of the county which borders on the Mississippi for

about ten miles back, is very broken; still the land is fertile, and covered with a dense forest, which is unsubdued to a great extent, and perhaps will remain so for a long time to come. The eastern part of the county is more level, and, in the main, a good farming country, well timbered, and settled by a tolerably dense population. The low lands generally are not tillable, being for the most part too wet; and the forests upon them therefore are permitted to stand, constituting, no doubt, one of the most powerful prophylactics of our region. The country back of the large water courses is but little subject to fogs, owing perhaps to the height and density of the forests. The thermometer ranges from 9° to 94°, the temperature being very variable, frequently changing 30° in forty-eight hours, and sometimes in a single day and night. The summer sickness commences usually about the middle of July, and continues until the coming of frost, which we look for early in October. The range of the thermometer in summer is as great as 54°, having been seen as low as 40° and frequently rising to 94°. The form in which sickness generally first appears is that of a mild remittent fever, which is followed in September, or towards the latter end of August, by fevers of a more formidable type, often assuming the congestive character.

PREDISPOSING CAUSES OF FEVER.

A high temperature acts as a predisposing cause of fever by increasing the irritability of the system, and by lessening the power of vital resistance. It tends to excite excessive action in the skin and liver, by which those organs are exhausted, and thereby rendered more liable to the injurious impressions of the various exciting causes of the disease.

Marsh-Miasma.—From the foregoing topographical sketch it will be remarked, that all that is supposed to be necessary for the abundant production of this deleterious agent is present every season; namely, heat, moisture, and dead vegetable

matter. There is at all times a sufficient quantity of moisture and dead vegetable matter. It is then only necessary that the heat be supplied to the extent necessary to produce rapid decomposition, in order to generate an abundance of miasma. And when this is done we are very certain of an incursion from summer fever. I have observed that a general rain, in the sickly season, almost invariably checks the sickness until the weather becomes dry again; and have also observed that there is less fever in a wet than a dry summer and autumn. I well remember that in the first settling of this region of country the people enjoyed much better health than they do at present; and that fevers began to abound more as the timber was extensively destroyed and the land brought under cultivation. Nor is it difficult to account for the change. All the elements necessary to the development of the fever poison were not present; there was an abundance of decaying vegetable matter, but the dense shade by preventing the solar beams from falling on it retarded decomposition so much as to prevent the evolution of malaria. A similar explanation applies to the fact that wet seasons are comparatively healthy; the excessive moisture, in that case, counteracts the formation of the effluvia which give origin to our fevers.

Cold.—This agent has a powerful tendency to kindle disease in subjects who have been exposed to the action of malaria. Its first effects on the system is torpor of the exhalents, and a retreat of the blood from the surface to the internal organs. The excretions are thereby retained, and the blood is surcharged with offensive matter.

PATHOLOGY OF FEVER.

The miasma having been received into the circulation by absorption, and accumulated therein, the atmosphere which is charged with this gas offers an impediment to its exit from the system. The shock is thus given by the poison to the

nervous system, and the force of this is aggravated by cold which also opposes its elimination by the lungs and especially the skin.

The impression made by cold induces a suppression of the perspiratory and excretory functions, which causes the blood to recede from the surface to the internal organs, and with it the deleterious agent, which there renews the attack, and kindles into activity a disease which had been lurking in the system. The deleterious impression thus made upon the nervous system causes depression, languor, dullness, a cold creeping sensation over the body, and especially along the spinal column, general malaise, and, in some cases, severe chills and shivering. The form of fever hence arising will depend on the force of the impression, the vigor of the constitution, temperament and sensibility of the subject. Thus, other things being alike, if the impression be moderate, the stage of depression, or chill, may be of considerable length, and yet the fever succeeding a short one, passing off in a few hours by perspiration. This is a paroxysm of intermittent fever. If the impression be more powerful, the system seems to be roused to the danger, and in a short time makes a violent effort to throw off the offending agent; which effort is partly sustained until the stage of depression of the succeeding paroxysm returns. This is a paroxysm of remittent fever. Again, if the impression be still more powerful, the system is prostrated, and there is a protracted stage of depression, from which the system slowly reacts, and sometimes not all, remaining in an irritable condition until the stage of prostration of the next paroxysm is ushered in. This is a paroxysm of congestive fever.

Periodicity, or remission, is a law of the nervous system; it acts and reposes by turns, and this character is stamped upon all diseases which arise from morbid depressions made upon this system. All essential fevers exhibit this tendency, and in one type, the intermission is complete. All diseases located in the nervous system are intermittent, although the cause may be permanent. In a favorable condition of the

system, several of these paroxysms of febrile phenomena may pass over without any special local inflammation. Yet in summer fevers, the liver, as well as the skin, having been previously overexcited by the solar heat, is most likely to receive the weight of the morbid impression made by the malarious poison. Its secretion is interrupted, and its circulation thereby retarded; and as the blood of the abdominal viscera passes through the liver in its return to the centre of the circulation, it is plain that engorgement will take place in them, which if not relieved will be followed by inflammation or some other lesion. The knowledge of these facts attracted the minds of medical men to the importance of exciting the secretion of the liver in the treatment of fever.

Fever, according to Eberle, cannot exist without capillary irritation, or derangement of the secretory and excretory functions. In one case, this condition being kept up for a certain period, inflammation is developed in the mucous membrane of the stomach and bowels, and becomes an independent focus of irritation, reacting upon the cerebro-spinal axis, increasing and perpetuating the morbid action; and although the secretion of the liver be restored, the fever will continue, the inflammation still existing, and having now become a cause, instead of a consequence, of congestion of the the abdominal viscera. This constitutes gastric remittent fever.

In another case, the liver being particularly predisposed, becomes irritated and inflamed, and is thus rendered less capable of performing its healthy functions, and creating a new focus of irritation, which is the condition of things existing in hepatic remittent fever.

GASTRIC REMITTENT FEVER.

Symptoms.—After a premonitory stage of longer or shorter duration it commences with a chill, followed by fever, which may pass off by slight perspiration; yet on the evening of the next day a slight fever occurs, which is not entirely off

at the return of the chill on the third day; which takes place generally between 8 and 12 o'clock in the morning. After a few paroxysms of this kind, usually at the commencement of the third chill, vomiting occurs, and continues till reaction is fairly established, which is often from two to four hours; and this is sometimes followed by purging. The fluid vomited mostly consists of the drinks that have been taken; but in some cases bile is thrown up. If the disease is not checked, the succeeding paroxysms may be attended with vomiting and purging of blood, and in some cases the sanguineous discharge is abundant. This variety of fever generally assumes the double tertian type, one paroxysm occurring in the morning, and the other in the evening. The tongue is often covered with a white fur, sometimes, however, with a yellow one, which, during the first few paroxysms, is moist, but afterwards becomes dry during the paroxysm: and when the disease assumes the chronic form, the white fur gives place to a dry brown coat. Sometimes this form runs into the congestive type, and when this occurs the tongue is not so dry but is still coated, and when the disease takes this course I have seen patients vomit quarts of a fluid as blue as indigo. In the commencement of this variety of febrile disease there is generally considerable pain in the head during the height of the fever, and after a few paroxysms, soreness of the stomach and bowels on pressure. The breathing is irregular during the paroxysm.

Diagnosis.—This form of fever is distinguished, first from the congestive, by its having a regular stage of excitement after each chill, and less sweating. The countenance and general surface are fuller than in congestive fever, and the tongue is also drier. This variety is attended with more pain, especially in the bowels, and with more acute feeling generally, than the congestive form. It is distinguished from the hepatic variety by its having a chill before every other, and, in some cases, every paroxysm, with an intermission, in some cases, and in others a distinct remission. The skin and

conjunctiva of the eyes are not so yellow in this as in the hepatic type of fever.

Treatment.—The principal indications to be fulfilled in the treatment of remittent fever are: First, to moderate the febrile action, if it is excessive; secondly, to allay irritation, remove vitiated secretions, and, if there be a remission, or intermission, to prevent a recurrence of chill; thirdly to obviate gastro-intestinal irritation, and restore the healthy functions of the liver and alimentary canal. To fulfil the first indication, if the countenance is flushed, the pulse full, strong, firm, or corded, there can be no doubt as to the propriety of the use of the lancet; and if the venesection be performed at the commencement of the attack, if the patient be in a sitting posture, and the orifice be made large, there is no danger in permitting the blood to flow until the pulse is felt to give way perceptibly under the finger. If the circumstances just enumerated are present, there will be great benefit from the use of the lancet to the proper extent; but there are many cases in which it cannot be resorted to with advantage. I am inclined to believe that the countenance is a good guide in some cases where the pulse fails to admonish us. Where it is flushed, and the skin dry, unless the patient has been bled freely, or is very much exhausted by the disease, or is of feeble constitution, bleeding will be proper to some extent, and that extent must be determined by the physician himself.

To fulfil the second indication, after venesection, or, without it, if this be deemed unnecessary, cupping over the stomach, liver, and spleen, with or without scarification, (if the patient is very weak it is best not to scarify), will almost invariably quiet the stomach, so as to enable it to retain medicine; provided a hot foot-bath be used at the same time. If there be much vomiting my practice is to give a dose of ipecac. sufficient to operate freely two or three times, and the most suitable time for giving it I have found to be immediately after a spell of vomiting. The stomach after the operation of

the ipecac. will be much more easily quieted by other remedies, among which I have used with advantage for that purpose mustard poultices applied over the stomach and liver, and suffered to remain until the skin is made very red. After this twenty drops of laudanum, with six drops of essence of peppermint, may be administered every hour until the vomiting is arrested. I have checked obstinate bilious vomiting promptly by applying a mustard plaster along the spine, and a hot foot-bath for twenty minutes, with a blanket thrown over the tub and the knees of the patient, when other remedies would not have succeeded without this adjuvant. To moderate the febrile excitement, and equalise the circulation, my plan is to give a teaspoonful of spirits of nitre every two hours, and sponge the extremities with equal parts of warm vinegar and water, or weak lye also warm, as often as may be necessary, say every hour, or once in two, three, or four hours. This hastens the sweating stage, which terminates the paroxysm. These applications should be made freely and often, where they are necessary, and in bad cases should be extended over the whole body. After the irritation is sufficiently allayed, I give powders composed of calomel grs. vi, Dover's powder grs. vi, every three hours, until three or four have been taken. If they do not operate sufficiently in three hours after the last is taken, I give oil to assist the operation. If the medicine operates more than five times freely, it should be checked by laudanum or opium. If the chill should return while the medicine is operating, it will aggravate the symptoms of the succeeding paroxysm; the operation therefore should always be checked before the chill is expected. This course should be followed up every thirty-six hours, until the secretions become free and healthy, especially from the liver and alimentary canal, or until the fever is checked by means to be used during the intermission. When the patient has once been salivated, or his system is easily affected by calomel, its effects should be closely watched, and never carried to the extent of producing ptyalism, if it can be avoided; for calomel produces all its good effects

in fever short of this condition. I am partial to the blue mass in patients who are easily salivated, or who have been severely mercurialized, as I believe it is not so apt to excite the state called dry salivation, or to produce eating ulcers in the mouth. This substance, or calomel given in small and repeated doses, until a sufficient quantity is given, and worked off when the system is freest from irritation, while its effects are fully ascertained before more is given, produces a much better effect than when given in large doses. The successful operation of the medicine depends upon the promptness with which the irritation of the stomach and bowels is allayed; and I have found no medicine to answer this purpose better than opium. The injury said to be produced by it upon the brain, I have never seen follow its use under the above circumstances. The delirium is no greater after, than before it was given; but the ease experenced by the patient is almost indescribable. The torpor of the bowels, feared from its use, does not follow when given as directed above. It is only to be given where it is necessary to restrain the action of the bowels, and this is to be done at any time when they are too active, regardless of fever. I very often use pulv. Doveri and calomel in small doses, (say one or two grains each, and if necessary add half a grain of opum), to be given every hour or two. I am partail to this form of opiate on account of its tendency to act on the skin.

In recent cases, and all others at any stage, when there is no positive indication of inflammation of any important internal organ, during the remission, which is followed by a chill, I give quinine v grains, pulv. Doveri and camphor each iii grains, in a powder, every three hours, commencing seven hours before the chill, and continuing until five are given; this course should be pursued before each chill; and in cases where there is not sufficient time to give and work off the purgative medicine in time to anticipate the chill with the tonic powders, I have combined the calomel, quinine and camphor. After the time for the chill has passed I give oil

to work the calomel off. The quinine in the tonic powders may be increased when the case requires it, or the composition may be varied to suit each particular case. I have thought that the camphor not only acted as a narcotic stimulant. but modified the tendency of the quinine to act upon the brain. This course should be pursued before each chill, until the system is clear of disease, unless the case becomes complicated by inflammation.

In cases where the tenderness of the stomach and bowels on pressure, the dry tongue, and the excitement, continued from chill to chill, contraindicate the use of quinine, I give a powder composed of camphor and pulv. Doveri each iii grs., calomel iv grs., every three hours, commencing seven hours before the chill, until four are given, and in two hours afterwards give oil to work them off. This course should be repeated before the next chill; and in addition a mustard plaster applied the whole length of the spinal column one hour before the chill, and allowed to remain until the skin is very red, exerts a happy influence. The mustard employed in this way has a powerful tendency to prevent a chill, and even to stop it when it is on the patient, by communicating its stimulating influence to the heart and arteries. I have seen the chill arrested in fifteen minutes by its application when the patient had been shaking severely for some time.

Third. When the above named symptoms of tenderness of the stomach and bowels, dry red tongue, &c., are present, great benefit will be received from cupping freely and frequently over the abdomen, after each application having a poultice thinly spread, and sprinkled with mustard, applied so as to keep the skin red and moist. This retains the blood upon the surface and thereby relieves the internal organs. The sponging spoken of above should also be freely employed. Gum water or slippery-elm water is the most eligible drink, and may be used cool. Nor is a moderate use of plain water objectionable, although the patient may be taking calomel. I have never seen any bad effect from its use and

my practice is to allow my patients to use cold water freely. No drink in my opinion is equal to it in a hot burning fever, and so far from being prejudicial, it will often facilitate the favorable operation of calomel, while, most assuredly, according to my experience, it has no tendency to bring about salivation.

If the disease seems likely to assume a chronic form, a pill composed of six grains of blue mass, one grain of opium, and two grains of ipecac., may be given every three hours until four have been taken, followed in three hours by a dose of oil, with twenty drops of spirits of turpentine, unless the bowels are moved sufficiently without it. This course should be repeated every thirty-six hours, until the secretions become healthy, and the tenderness is relieved. It is beneficial to use the plaster to the spine every twelve hours or oftener, and the cupping and poultice as directed above. If the symptoms do not improve under this treatment in thirty-six or forty-eight hours, a large blister should be applied, after cupping, over the soreness; and if the head is affected the back of it should be shaved, as high as the occipital protuberance, and a blister four inches wide laid across from ear to ear. If the patient is not much exhausted, and the head hot, he may be scarified and cupped behind the ears, before the blister is applied. Mustard plasters of large size may be applied to the calves of the legs freely, and a blister on the inside of each thigh, above the knee. I think this a much better situation for blisters than the ancles, for there is not the same danger of producing troublesome sores when applied to the former. When bloody purging attends, opium and calomel, with the external applications directed above, given in two grain doses each every two hours, the opium being increased or decreased according to circumstances, will be found to accomplish all that may be expected of medicine. It is scarcely worth while to speak of the extent to which this medicine should be pushed. Medicine should be limited by the effect, and not by the quantity. If it is

given in broken doses. and time allowed for the previous dose to have its effect, before another is given, there is no danger. When the bowels are checked they should not be moved under twenty-four hours, and then it is preferable to use the syringe.

THE CONGESTIVE VARIETY OF BILIOUS REMITTENT FEVER.

This is a more fatal form of fever than the preceding, though the type is the same, except that the chill oftener precedes the fever every day than in the former. The chill continues from one to twelve hours before the excitement follows, and sometimes reaction never takes place. In some cases the first chill differs from the ordinary intermittent only in being more protracted, and the system remaining more prostrated; it is therefore very important that the practitioner who is not acquainted with this form of fever should be on his guard, for the patient may die in the next regular paroxysm. The excitement which follows the stage of depression is not, generally, very great; the extremities remain cold, and the surface shrunk; and in most cases there is a copious perspiration exuding from the skin, warm when the skin is warm, and cold when it is cold. Sometimes this perspiration only appears when the sickness is great. Sometimes the stomach and bowels are irritable. When vomiting is an attendant, it is more aggravated during the paroxysm. The fluid vomited consists mostly of the drinks taken; the operations from the bowels are large and watery; the countenance is ghastly and expressive of anxiety; the lips generally blue. The eyes are sunken; the tongue is moist, flabby, and not very thickly furred. The senses are generally not much affected, but occasionally the patients become delirious as soon as the fever rises, and sink into a state of stupor, from which it is difficult to rouse them until the paroxysm is over. In such cases there is less purging and less vomiting, till the fever begins to subside. The breathing is frequently performed by a long deep sigh; and when stupor prevails

the breathing is more laborious still. The patient is generally restless, but does not suffer much pain.

We have a great many cases which vibrate between this and the preceding variety. It is only necessary in these to modify the treatment according to circumstances.

Diagnosis.—In this varety, the chill is more protracted; the excitement which follows is not so great, or so regular; the surface is more shrunk; the extremities are much cooler; and the perspiration is more profuse. The tongue is also moister than in the preceding variety. It is distinguished from the hepatic variety by there being in it a more general perspiration, less excitement, a marked state of intermission, or remission, and a general sunken appearance of the countenance.

Treatment.—In this variety the three indications are:—First; to allay the irritation of the stomach and bowels. Secondly; to moderate the excitement where this exists, or if reaction be not established to promote it; and thirdly, to prevent the recurrence of the paroxysm.

To fulfil the first, the same remedies prescribed in the preceding variety may be employed; viz: an emetic; and the vomiting over, laudanum and essence of peppermint, cupping, mustard plasters, followed by a cloth wet with laudanum to the stomach and bowels, and to the spine and legs; a strong warm salt-water enema, followed after it is discharged, by a cold one made mucilaginous by slippery elm.

2d. After the irritation is sufficiently allayed, a powder composed of pulv. Doveri and camphor, each three grains, and calomel six grains, may be given every three hours until four are taken, and if the stomach still be irritable opium may be added to the prescription. In cases where the intermission is not sufficiently long to admit the use of quinine as heretofore directed, five grains may be added to the powders which should be given at such times that the last would be taken one hour before the chill. Cathartics are to be used

sparingly in this form of fever, but if the bowels are not moved in six hours after the last powder is given, oil should be taken with twenty-five or thirty drops of spirits turpentine; or an enema may be used, and the oil postponed until after the chill has passed, together with its accompanying irritation. I combine camphor with all the calomel I give in this form of fever. If the powders cannot be borne with the quinine, that article may be left out, and the powders given without it; but this will rarely be necessary, where the case is one indicating the use of the quinine. When the reaction is broken, it is well to rub the surface with warm vinegar and cayenne, and strong salt-water or tincture of camphor, alternately. The rubbing should be resorted to every hour, and should be brisk, done under the bed-clothes, and diligently kept up until reaction is fairly established. In addition to the above, I apply the mustard plaster to the spine and legs, as directed in the former variety. It has a powerful effect in rousing the nervous system. But if the system should sink into a complete state of collapse, or should it be in that state when the physician is called, the cold douche should be resorted to; and if reaction does not take place in an hour and a half, may be repeated. This will sometimes succeed when nothing else will, and should never be neglected in cases demanding it.

3d. To fulfil the third indication, I use the same means recommended for this purpose in the preceding variety, with an increase of the quinine in the powders to eight or ten grains. These powders should be commenced as soon as the intermission or remission is sufficiently distinct. The powders should be given every three hours, and so timed that one will be given one hour before the chill, and if the chill should return sooner than it was expected, a portion should be given as soon as it is felt. In these cases we are not to wait for all the favorable indications for giving quinine laid down by the older writers; but are to risk everything else rather than the chill. It will be found that there are but few cases in which tonics are necessary that the powders

will not be retained, provided the collateral treatment, heretofore spoken of, be attended to. I often add calomel to the powders when the secretions are disordered. This course should be pursued in the intervals unless something should contraindicate it; such as a stomach too irritable to retain the medicine, severe pain in the stomach or head, &c. In such cases, which are but few, the camphor powders mentioned above should be substituted.

When patients sink into stupor, I use the same means directed for this condition in the preceding form of fever, with the addition of stimulating enemata every three or four hours. I am well satisfied that they act as powerful revulsives upon the brain in cases of this kind. After the patient becomes convalescent, he should take an occasional blue-pill and some tonic, for some time, such as Peruvian bark, columba, gentian, and rhubarb in wine, &c., to prevent a relapse, which is very apt to take place both in this and the preceding variety of fever, without this precaution.

HEPATIC VARIETY OF REMITTENT FEVER.

Symptoms.—This variety generally comes on with feelings of languor and dullness which last for several days before the attack is fully evident. The next stage is ushered in by chilliness, pain in the head, back, and extremities, which symptoms are soon followed by high fever, strong pulse, flushed countenance, severe pain in the head, and sickness at the stomach. These continue, with slight remissions in the mornings and evenings, for several days without any symptom of chill. Great restlessness attends, with general aching, intense thirst, and furred tongue, but the fur in a few days becomes brown and dry in the centre.

This form is generally easily managed in the commencement, and is treated successfully by a variation of the treatment laid down for the former varieties; adapting the treatment to the symptoms. Bleeding, cupping, mustard, and blisters, calomel, spirits nitre, acetate of ammonia, sponging, slippe-

ry elm water, and cold water, and quinine, &c., in the last stage, if admissible, constitute the proper means.

There is a condition in the last stage of this fever in which calomel will fail to excite the action of the liver, unless assisted by other means. In such cases it will be found that extensive irritation of the surface by mustard, a mustard plaster along the spinal column, and camphor, and if necessary Dover's powder combined with calomel, will bring the system into a condition to receive the impression of the mercurial.

April 22d, 1846.

ART. III.—*A Case of False Aneurism of the Brachial Artery, on which an action was brought for Malpractice, with recovery of damages.* Reported by E. D. FOREE, M.D., of New Castle, Ky.

At the July Term (1844) of the Henry Circuit Court, New Castle, Kentucky, Hon. Judge Pryor presiding, Boon Regland, through his attorneys, Wilson & Buckley, complained, that Dr. Geohaghan had negligently, carelessly, or unskilfully wounded an artery at the bend of the right arm, which had caused a false aneurism, thereby producing to him much pain, long suffering, and a partial loss of the use of his arm, making it necessary for him to expend much money in procuring its restoration; upon which plea he claimed of defendant, in money, a fair remuneration for the injury.

The defendant, Dr. Geohaghan, through his attorneys, Nuttall, Webb, and McHenry, plead not guilty, whereupon the following proof was presented to the jury:

Mr. Ferris, student of defendant, testified, that Dr. Geohaghan is a practising physician of this county; that about the 12th of last November the plaintiff came to defendant's office and asked witness if he could bleed, adding that his physician, Dr. Goslee, had directed him to lose blood. Wit-

ness replied that he could, but being engaged, defendant rose from the bed upon which he was resting, corded plaintiff's right arm, and bled him. The blood was venous in its appearance and flowed in a large regular stream, without any jetting impetuosity; the orifice was dressed in the usual mode; the flow of blood was easily arrested; patient complained of faintness, but of nothing else, and left defendant's office after the lapse of a few minutes. The second day afterwards he returned; the arm was now much swollen, and straw-colored; plaintiff complained of its being very painful, whereupon a poultice was directed by defendant. A week or ten days subsequently, witness, at the request of defendant, went to plaintiff and solicited him not to submit to amputation which he understood had been advised, proposing to take him to Dr. Dudley, in Lexington, to be treated by him, and to defray all the expenses that might be incurred by the trip.

Mr. Wells testified, that he accompanied plaintiff to defendant's office; saw the latter perform the venesection; thought defendant made the incision very hurriedly; used the thumb lancet; held it between the thumb and index finger; did not rest his hand upon plaintiff's arm.

Mr. Scott affirmed, that he saw plaintiff about two hours after he was bled; he then complained of great feebleness, and of intense pain in the arm, which was considerably swollen about the elbow; saw patient frequently during his long confinement; saw him two or three days after he was bled, when his arm was excessively swollen, the tumor extending to the shoulder in one direction and to the fingers in the other. The limb was of a straw color and very painful. Witness told defendant that he was instructed by plaintiff to say to him, that he would freely forgive him the injury done if he would visit him, (the plaintiff). Defendant did not comply with plaintiff's request.

Dr. Goslee testified, that plaintiff called on him at his office in this town on the 22d November. Witness invited his friend, Dr. Owens, to see the case with him. Patient

told him that ten days previously he had been bled; that the arm swelled very much a few hours afterwards, and was very painful; that the second day after the bleeding he had applied poultices, and had continued them until that time. The limb was excessively swollen and indurated throughout its whole length; was not very tender to the touch; of a straw color, not very painful, but quite hot; had at the wrist a very small, quivering, and thread-like pulse. Witness could not make out a very satisfactory diagnosis, but thought it might be phlebitis; patient had come about eight miles on horseback to see him, and returned to his home the same day. He directed the patient to continue the poultices and wash the arm with a solution of sugar of lead. On the 24th of the same month he visited him at his father's house; found the limb not so much swollen, œdematous, and less painful, applied a bandage which was directed to be kept wet with a solution of sugar of lead; gave a purgative.

29th. Visited him again; found the limb not so much swollen, and its surface cool. Directed rubefacient frictions, and the bandage to be continued.

From that time until the 24th of the succeeding month he visited patient frequently; did not vary the treatment materially, and but little alteration occurred in the state of the limb. Meanwhile, patient's general health rapidly declined. On unrolling the limb, Dec. 25th, coagulated blood passed out through the original orifice, where an ulcer had now made its appearance. Witness then became satisfied that it was aneurism, and sent patient to a surgeon in Louisville to be treated by an operation.

Dr. Drane testified, that on the 26th of December plaintiff called upon him, in Louisville, to examine his arm. Witness believed it to be aneurism caused by injury of the artery. On the following morning, assisted by Dr. Gross, he cut down and tied the brachial artery above and below a wound which they found in it, and afterwards pressed out through the incision 25 or 30 ounces of blood, which had been effused into the cellular tissue of the arm. The disorganiza-

tion of the parts was so great that witness could not ascertain precisely the nature and extent of the opening in the artery, but, judging from the size of the stream of blood which jetted out, it must have been a large one. Patient was much emaciated, and so enfeebled that that he could not stand or sit upright; had no pulse in radial artery; remained in the care of witness three months, when he was discharged nearly convalescent. The charges of witness and Dr. Gross for medical attendance on plaintiff were $150; the other expenses incident to his stay in the city were not less than $50. Dr. Drane on being asked, said he believed the defendant to be a well-informed physician, though has no personal acquaintance with him; thinks such accidents must always occur as the result of carelessness, or unskilfulness; they have happened to distinguished surgeons, but never ought to occur; with care can always be avoided. A vein may be transfixed, and an artery wounded, and yet by a change of relative position of the two vessels the arterial bleeding not be manifest.

Dr. Wright testified, that he had known defendant several years; believes him to be a good physician, and a dexterous surgical operator.

After several able speeches by the attorneys, the case was submitted to the jury; after an absence of half an hour they brought in a verdict of $275 for the plaintiff which was confirmed by the Court.

The surgical interest of the foregoing case is not inconsiderable. In it we are presented with evidences of a simultaneous transfixing of a vein and wounding of an artery, without any of the phenomena usually resulting from such accidents.; the flow of blood, *per saltum*, the early formation of a defined tumor, and escape of arterial blood, all being absent; nor was there any pulsation, either at first or subsequently, in the swelling, or any symptom, or physical state of the limb which led either of the physicians first in

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attendance to suspect the existence of aneurism until the forty-third day after the reception of the injury; when, blood having escaped through the ulcerated orifice, aneurism was suspected. Moreover, Dr. Goslee testifies, that pulsation in the arteries of the wrist was present at his first examination and on several of his succeeding visits, thus still further embarrassing the case, and showing how very difficult it occasionally is to make out a satisfactory diagnosis from the symptoms and physical appearances present at the time, without a faithful and intelligent history of the whole case. So ambiguous were the symptoms here, that, even after the arrival of the patient in Louisville, a distinguished surgeon who saw him pronounced that the tumor was not an aneurism, but a diffused abscess in the cellular substance; nor could he be convinced until an incision was made into the parts and the blood brought to view.

The case is interesting in another point of view. It shows the law rigorous and prompt in imposing penalties for the careless or the unskilful practice of surgery, while it makes no provision for the attainment of surgical knowledge. It exhibits the Commonwealth as punishing its citizens for not understanding anatomy, while it punishes them if they are detected in the study of anatomy. A surgeon is fined, if, in bleeding a patient, his lancet chances to go too deep and pierce an artery lying in its range; and he may be fined, also, if convicted of having dissected other human bodies than those of criminals for the purpose of learning where the arteries are. Truly, whatever may be said of the "majesty" of the law, in this regard much cannot be said in favor of its consistency.

June, 1846.

ART. IV.—*Notes on Medical Matters and Medical Men in London.* By DAVID W. YANDELL, M.D.

In my last letter I said a few words about England's great surgeon, Robert Liston, but I had only time then to give my first impressions concerning this eminent man. In returning to him and dwelling more minutely on his character and history, I hope you will not consider that I am spending too much time upon one individual. If you could see the honor and respect with which Mr. Liston is treated by his colleagues, pupils, and the medical profession at large, and then see him among his patients and at the operating table, and more than all, witness his kindness to our young countrymen, you would not believe that I could easily say too much about him. Professor Gibson gives a characteristic description of Liston in "his Rambles in Europe"—of his passion for rowing, and for domestic animals, particularly "his enormous black cat *Tom*, who was not unfrequently mounted alongside his master in the splendid chariot, and a constant guest at his hospitable board"—of his tall, robust, and elegantly formed person; his handsome features and penetrating eye; his modesty, playfulness, and benevolence. Dr. G. had been told that he was rough and uncouth in his manners, "a perfect *ursa major*"—"a mere operator or carver without judgment or discretion;" but his quick eye soon saw in him a surgeon who, "ere long, would rise to the top of the profession" in the first city in the world. Mr. Liston is certainly eccentric; but the prejudices which were excited by his eccentricites have yielded to the sterling qualities which shine in him as a surgeon and a gentleman. He retains his fondness for rowing, which in his youth was so great that his father put him to the study of anatomy in order that he might be fitted for a nautical life, if his passion for the sea should continue after he had completed his professional studies. He did not go to sea, however, and his time is now so entirely employ-

ed by professional duties, that little leisure is left him for indulging in his favorite recreation.

Robert Liston was born at Linlithgowshire, in Scotland, in 1795, and consequently is now in the fifty-second year of his age. He commenced his studies preparatory to the life which he proposed following with Mr. Barclay, at that time professor of anatomy in the University of Edinburgh. His progress in anatomy was so rapid that he was soon appointed demonstrator for the pupils of Barclay, and in this capacity he continued to labor for six years, during the latter two of which he was house surgeon to the Edinburgh Hospital. After this he visited London, and under the direction of Mr. T. Blizzard entered the London hospital. In 1816, being just twenty-one years of age, he took his degree in the College of Surgeons. The year following he returned to Edinburgh, where he taught anatomy and, for several years, surgery to a private class of more than a hundred and fifty students. He also received the appointment of assistant surgeon to the Edinburgh College, and after discharging the duties pertaining to that office with striking ability for nine months he was made chief surgeon, in which capacity he remained during his residence in Edinburgh. In 1834 he came to London where he has resided, engaged in a growing business, ever since. In 1835 he was elected surgeon to the University College Hospital, and made professor of Clinical Surgery in the University. Besides various papers in medical journals, and a Memoir on Hernia, he has written two works on Surgery which are well known in our country, one of them having gone through several editions, with valuable notes by your distinguished colleague, Professor Gross, and the other having been issued under the supervision of Professor Mütter, who has also made valuable additions to the original. They stand in no need of any praise which I could bestow upon them, having found their way into the libraries of all who take an interest in the practice or progress of surgery. Mr. Liston is still sound and vigorous in

mind and body, with the promise of many years before him—with even a youthful ardor in the accumulation of knowledge, we may yet expect to see many valuable contributions from his pen to our stock of surgical literature. At this season of the year he is not engaged in lecturing, so that I have not had many opportunities of forming an opinion of his powers in that way, but judging from the remarks I have a few times heard him make after his operations, I should say that he is not a fluent speaker, and that his aim is rather to give a clear statement of facts bearing upon his subject, than to appear graceful or eloquent. I have seen him execute several operations, the most important of which was amputation of the thigh by the circular method—a mode quite unusual with him, his uniform practice having been to perform the flap operation. It was one of those cases in which no display of peculiar skill could be made, but even in this Mr. Liston showed his greatness; and he did so not so much by the use of his knife, as by the general order and plan of the whole procedure. There was no noise, no bustle; every one, surgeons and assistants, had been taught his duties and his place. While the patient was being placed on the table for the operation, Liston was in another room changing his coat for an old one, which is his custom instead of putting on an apron. Presently he made his appearance, glanced at the bandages and the position of the patient, adjusted the tournequet, and then took up the knife and began the operation in the quietest manner imaginable. After he had finished the amputation he applied most of the ligatures himself, adjusted the edges of the wound, gave a few directions about the treatment, made some remarks concerning the cause and nature of the operation, and, with a simple nod of the head, walked out of the room.

I am in London at the worst season of the year for the prosecution of my studies by means of lectures. The winter term is over, and the great men, with a few exceptions, have withdrawn from their chairs until October, when their

labors begin again, to terminate in April. Graham, Quain, Sharpey, Taylor, and Williams, esteemed among the most able teachers in London, are not now lecturing. A teacher with whom I am very much pleased is Mr. Murphy, author of a work on Parturition of great merit, which I hope will soon be republished in America. He is a plain, unassuming man, about forty-five years of age, of quiet manners and appearance. As a lecturer he would not strike you. His voice is feeble, his speech slow and indistinct, and his manner embarrassed and uninteresting; but his language is correct and scholarlike, simple and concise, and his matter excellent. As a man you are obliged to like to him; his face is expressive of great amiability and kindness, and is a true index to his character. I breakfasted with him, and found him pleasant in conversation, and exceedingly obliging. He is regarded as one of the first accoucheurs in Great Britain.

Professor Grant, one of the most distinguished of the scientific men of England, is delivering a course of lectures on zoology. He is fifty or fifty-five years old, about five feet ten inches high; his head is large and well formed; his eyes are blue, more nearly grey; his nose is sharp, small, and well turned; his mouth is that of a speaker, large and wide; his manner of lecturing, though somewhat diffuse, is very good, being graceful and agreeable. He warms up as he gets into his subject, and, in a lecture I heard him deliver, spoke with as much fire about the habits of the oyster, and the circulation of a lobster, as our eminent friend, Prof. D., would do before the "Physiological Temperance Society."

The students attending the hospitals and lectures in London have none of the affability so characteristic of young men in our country; neither are they so fine in appearance as those you are accustomed to see. They are earnest, assiduous students, but distant and indifferent; crowding around their teachers, eager to hear, careless whether standing in your way or not, and looking all the time most ludicrously frigid. Students of the same small class will often be found wholly unknown to each other. There are those I have

seen who have followed Mr. Liston and other teachers through the hospitals for three or four years, and expect to take their degrees soon, without ever having exchanged salutations with them. I know a class consisting of five students dissecting for Mr. Liston, who meet every morning, and have dined together, on an average, twice a week for two months, who, nevertheless, profess no acquaintance. I inquired of one of them, a day or two ago, the name of a gentleman, pointing to one of his class-mates. "Well, I declare I don't know," was his reply. But they are students, in truth. You may walk into the library room of the University College and find twenty or thirty young men poring over their books, from which they are taking notes, not one of whom will raise his head to see who you are. You ask the librarian for the book you wish to consult; it is handed to you immediately, and you take your seat at one of the tables without your next neighbor's turning his eyes to see whether you are an acquaintance or a stranger. There you may occupy yourself all the morning, and never hear a word spoken above a whisper. Every student attending the University College takes copious notes. The lecture rooms are well adapted to this purpose, each seat having on its back a plank of suitable width and height to form a desk for writing. The note-books generally used are well bound, of convenient size to be carried in the pocket, and look as if they were intended for preservation and future reference. When the hospitals are visited by the attending physician or surgeon, you see the best students with their note-books in their hands ready to write down whatever may be said respecting the cases, and copy out the prescriptions which are placed upon a board at the head of each bed.

The relations between teacher and pupil here are by no means such as exist in the United States. The surgeons talk to their dressers in the hospitals in a way that not many of our students could bear—bear, I mean, without injured feelings. They treat their pupils as boys of ten and fifteen years are treated with us by the roughest pedagogues. There

is no social intercourse—no conversation in the door-way and on the steps of the College—no walking into the room of a professor to while away the hour occupied by one of his dull colleagues in turning over his books and preparations, or "probing" him about your chances for a diploma. No; there is nothing of all this between the English medical student and his teacher. A simple elevation of the hat on the part of the pupil, and an ambiguous touch of the beaver by the professor, makes the sum of their social intercourse, unless indeed the student chances to be a "dresser" in a hospital. In that case, if a bandage should be awkwardly applied, or an ulcer found in a filthy condition, or there be a patient in a bed of whose case the dresser happens to know nothing, ten to one, "stupidity;" "carelessness;" "without excuse;" "any one should have known better;" "who ever heard of such a thing!" "what were you doing all day, that you could not attend to this?" will greet his ears in much less time than it has taken me to write down the brief, emphatic sentences, which sound strangely enough to one unused to this style of address.

I send you two cases which I met with in a late number of the Dublin Quarterly Journal, (see page 153) in the first of which I feel more than ordinary interest because there is at this time in the University College Hospital a case analogous to it—aneurism of the radial artery, caused by a gun-shot wound of the hand, which Mr. Liston commenced treating, by pressure, a short time before my arrival, of which I will make a report when the patient is discharged. The following are the particulars of a case of *femoral hernia* which I saw treated in the same hospital.

M. W., a washerwoman, æt. 43 years, was admitted into the hospital on the morning of the 18th of May, with femoral hernia of the right side. Six years before she had been operated upon by Mr. Liston for hernia occurring in the same spot; from that time she had constantly worn a truss which, although it occasionally allowed a portion of the bowel to protrude, prevented its coming down to a danger-

ous extent. Two days previously to her admission, while lifting some heavy weight, she felt the bowel pass down in larger bulk than usual, and was not able as on other occasions of the kind to return it. When I first saw her, the tumor occupied nearly the whole of the inner surface of the the thigh, and was as large as a fœtal head; it was slightly painful and tender to the touch, and had produced some constitutional disturbance.

The patient was placed in a warm bath with a view to relaxing the muscular system; while she was in the bath attempts were made at reduction by the taxis; but these failed until the patient by her own efforts returned the bowel, which ascended with a gurgling noise. The finger could be passed up through the crural rings; no stricture of the bowel could be detected, showing that the reduction had been complete. An anodyne and a cathartic enema were ordered.

19th. The patient passed a restless night; countenance anxious; tongue coated; pulse quick and feeble; breathing hurried and performed entirely by the muscles of the chest; pain and tenderness upon pressure in the lower part of the abdomen and along the whole course of Poupart's ligament. She was ordered xv leeches to the abdomen; pills of calomel grs. ij, pulv. opii gr.¼, every four hours; cathartic enema.

20th. Patient slept none; pulse 120, and feeble; tongue coated in the middle and red at the tip and edges; thirst excessive; pain and exquisite tenderness over the abdomen; countenance extremely anxious. Repeat the pills every two hours; ten leeches, afterwards a linseed meal poultice to the abdomen; cathartic enema.

21st. The patient is evidently sinking; pulse weak, and 140; the same group of symptoms but greatly exaggerated; during the night patient vomited a dark colored matter, and had several bloody stools. Ordered blister to the abdomen; wine, and pills of calomel grs.iv and opium gr.¼ every hour; mercurial ointment and olive oil ää ʒij; of this ʒij to be rub-

bed into the abdomen every alternate hour. The tumor has returned several times but was easily reduced, with the same gurgling noise; the finger could be readily passed into the abdomen through the enlarged rings, and at no time could any strictured portion of the bowel be detected. At 6 P.M. the patient died, vomiting a matter of the color and appearance of coffee grounds.

Post-mortem.—This revealed nothing save the evidence of peritonitis and enteritis throughout almost the whole of the abdomen, and the congested condition of the bowel which had been protruded. There was no appearance of stricture in any part of the intestines. The greater part of the small intestine presented, here and there, patches of lymph, and in all parts an amount of congestion which as effectually blocked up the alimentary canal as a stricture could have done. I watched the progress of this case, saw it treated by Dr. Quain, and witnessed the post-mortem examination with great interest. The propriety of an operation in order to determine whether or not there was stricture, I heard suggested. The inflammation which led to the fatal result was doubtless produced by the too powerful efforts, made by the patient herself, to reduce the hernia previous to her admission into the hospital.

London, May 25th, 1846.

REVIEWS.

ART. V.—*Fevers: their Diagnosis, Pathology, and Treatment. Prepared and edited, with large additions, from the Essays on Fever in Tweedie's Library of Practical Medicine.* By MEREDITH CLYMER, M.D., Professor of the Principles and Practice of Medicine in Franklin Medical College of Philadelphia; Consulting Physician to the Philadelphia Hospital; Fellow of the College of Physicians, etc., etc. Philadelphia: Lea & Blanchard. 8vo. pp. 604. 1846.

Many have been the dissertations on Fever; long and painfully has the subject engaged the attention of men; and yet it is not exhausted. Fresh investigations are made every year, and new papers and new books, if not new opinions and a new practice, given to the world every season. The journals of this country abound in essays on fever, and histories of epidemic fevers; old works on fever are republished; prizes are offered for the best treatises on this wide wasting disease—all of which illustrates forcibly not only the deep and abiding interest of the subject, but the imperfection of our knowledge in relation to it. Undeniably, the whole grave matter rests still under deep obscurity, after all the labor that has been bestowed upon it. We are not yet agreed concerning the febrile poison, much less respecting the mode by which fever is most safely and successfully treated. The highest authorities are still disputing whether the cause of it be a specific miasm, or mere aerial changes, and the common influences of fatigue, hunger, and exhaustion. The

views concerning its cure are not more accordant. Every variety of treatment has its advocates.

The work before us will not settle any of the great questions in dispute, but it is nevertheless an opportune contribution to our accessible literature on the subject. Tweedie's Library is known, and is in the hands of many of our physicians, but Dr. Clymer by revising the articles on fever, and adding the results of his own observation and experience has adapted them more perfectly to the wants of the American profession. In so far as he has engrafted American experience upon the original essays, he has performed a valuable and an acceptable office; but in this particular he has not done as much as might have been expected—certainly not as much as could have been desired. *He* has not exhausted the subject. Still there is wanting a fuller, more elaborate treatise on fevers as they prevail in the United States. What we need is a work descriptive of the peculiar features of our febrile complaints, as seen both in the symptoms and the post-mortem dissections, and of the remedies applicable to the peculiarities impressed upon them by climate and place. But the materials for such a work are hardly yet collected. Countless as have been our histories of particular fevers, very few facts have been published bearing upon their pathology. In other words, we have, up to this time, very few dissections recorded. The histories, moreover, are wanting in minuteness; they deal too much in general description, and give too few details. We have disquisitions in abundance on the "cause of fever," but not many cases accurately described from their origin to their close, with the symptoms each day, the treatment, and the appearances revealed by the examination of the body after death. The execution of such a work, therefore, requires time, but the materials for it are accumulating from year to year, and its appearance may be looked for at no distant day.

The topics embraced in the volume under consideration are the following. General doctrines of fever; Continued fever; Typhoid fever; Plague; Yellow fever; Intermittent

fever; Remittent fever; Infantile gastric remittent fever; Hectic fever; Small-pox; Measles; Scarlet fever; Puerperal fevers. We shall confine our examination to a few of these topics, and shall restrict our notice particularly to the contributions of the American editor.

Intermittent fever occupies much space in the volume, and is presented under all its varying aspects. The circumstance which imparts to intermittent fever its highest interest is this protean character—its assuming, now and then, a form of the most extreme malignity, while its usual type is so mild that thousands, in this country, annually suffer it to run on for months, without taking any special pains to check its course. Congestive fever is now well understood to be, generally, a pernicious intermittent. We believe the profession in the United States is indebted to Dr. Bell for, if not the first recognition of this important truth, at least its exhibition in a more striking and convincing light. Since the appearance of his Lectures in 1840 we venture to affirm, the subject of congestive fever has been better understood in the region of the United States where it is endemic, and its treatment, therefore, conducted upon more rational principles. Dr. Clymer has added some important quotations on the subject of these fevers. The following picture will be recognised by many of our readers as a faithful description of a disease with which they are familiar.

"The algid form (with prolonged and icy coldness), of pernicious intermittents is very peculiar. Dr. Maillot contends that it is not an indefinite prolongation of the cold stage. He says in the first stage of an intermittent, the sense of cold experienced by the patient is out of all proportion to the actual reduction of temperature; whereas, in the algid fever, although the skin is icy-cold, the patient does not complain of coldness. And this cold state supervenes after reaction has commenced, and often suddenly. The circulation becomes disturbed, lowered, and the pulse can scarcely be felt, the temperature of the body at the same time rapidly decreasing. The extremities, the face, the trunk become cold in succession, the abdomen remaining longer warm. The skin has

the coldness of marble. The tongue becomes pale, moist, and cold; the lips are without color, and the breath is cold. There is no thirst, and attempts to drink often excite vomiting. The actions of the heart become feeble, and only appreciable by auscultation. The intellectual faculties are undisturbed, and there is a sense of repose which is agreeable to the patient. All facial expression is lost. With this state, cholera may become conjoined, and the eyes then become hollow, glassy, and surrounded by a bluish circle. The approach of the algid form is so insidious as often to be mistaken for a remission produced by bloodletting, and the practitioner is only undeceived by the suddenness of the death of the patient. This deceitful calm is very strongly pointed out by M. Bailly, in his chapter on Diagnosis: he says that the patient may be walking about a few instants before the last attack: the accession is sudden; he lies down and dies in a few hours. Even when the pain (of the abdomen) and the danger are both considerable, the face has the appearance of calmness, as if its expression was no longer associated with the sufferings of other parts. Whenever says Dr. Maillot, a sudden retardation of the pulse succeeds to reaction, and there is paleness of the tongue and discoloration of the lips, we should not hesitate to pronounce the case algid. Temporising measures will be followed by death in a few hours. The patient dies as by an arrest of the innervation. If death does not take place, the pulse rises, the skin reacquires its natural warmth, and sometimes yields to remedial measures. The resemblance between this condition and cholera is commented upon by Dr. Maillot."

We quote also what he says respecting the treatment of this form of fever.

"In the congestive form vigorous practice is urgent. Maillot gives an example in which 40 grains of the sulphate of quinine and 2 drachms of ether were given in 4 ounces of water at two doses, in the course of an hour; a starch opiate injection, with 60 grains of the sulphate of quinine and 2 drachms of ether, was ordered at the same time, with sinapisms to the legs and blisters to each thigh. Under this treatment the patient began to recover warmth in a few hours, and the heart to act more forcibly; but the next morning the amendment was so slight, that a sinapism was ap-

plied to the whole length of the spinal column, and a clyster with one drachm of sulphate of quinine, and three drachms of ether administered; reaction followed with recovery.—Every effort must be made to produce speedy reaction. Stimulants should be freely given—brandy, ammonia, and particularly capsicum—both by the mouth and rectum; bottles of hot water, and hot bricks are to be applied to the extremities; sinapisms to the trunk and extremities, with turpentine fomentations to the chest and abdomen. As the pulse becomes developed, this active and violent treatment must yield to milder stimulants and diaphoretics. Quinine should be administered freely in large doses, by the stomach and in enemata, and it may also be rapidly introduced into the system through blistered surfaces, produced by the application of ammonia, and by inunction."

The remarks of Maillot will be read with more interest when it is known that, as physician in the French army, in Algeria, his opportunities for observation were most favorable, and that the climate in which he acquired his experience is not unlike that in which our worst cases of congestive fever occur. The reader cannot fail to be struck with the similarity of his practice to that which is now generally pursued by our southern brethren in this form of fever. This coincidence in the type and treatment of a disease prevailing on distant continents but in nearly the same latitude, is striking, while it is what should be expected. The geologist finds the same fossils among the silurian and devonian rocks of Germany and Russia, that we collect on the falls of the Ohio in the same formations. Similarity of geological structure is attended by similarity of animal form and organization. The shells and corals which are found dispersed through the limestone beds of Europe are recognized, even as to the species, in the same deposits in America. So it is concerning disease. The complaints that infest southern Europe bear a strong resemblance to those which prevail on the lower Mississippi; and the fevers of Africa are the congestive fevers of our southern States. Identity of climate

and other physical circumstances is accompanied by identity of disease. This part of the treatise under review might have been advantageously extended, and we are somewhat disappointed that, considering the great interest felt in congestive fever, Dr. Clymer did not make larger additions to Dr. Shapter's otherwise very full and complete chapter on intermittent fever. His additions are excellent, so far as they go, but the reader of a work on fever will expect to find more than this contains on one of the most dreaded of all the forms of that disease. This omission evidently does not result from any indisposition on the part of the editor to labor, or from any want of information on the subject. On the contrary his notes evince uncommon industry and extensive research. In subsequent editions the deficiencies of the volume on this head, no doubt, will be supplied.

The disposition shown by ague to return after it has been checked, and assume an obstinate chronic form is the most serious feature in the disease. This tendency, it is conceived, is greater now that quinine is in such universal use than it was formerly when the bark was employed. However this may be, it is well known that although chills are easily arrested by this admirable extract of the bark, they are exceedingly prone to recur, and by persisting for a long time introduce other maladies more formidable than the original disease. In such cases it is believed by many practitioners bark is the most certain remedy; but in our experience nothing has succeeded so well in effecting a radical cure as the preparations of *iron.* These are combined advantageously with some of the bitter tonics, as an infusion of the bark of the wild cherry, or of camomile flowers, or gentian, and by a persevering use of these articles we have rarely failed to see the ague perfectly subdued. The form of iron we generally prescribe is the *precipitated carbonate*, but we are not aware that it possesses advantages over many other preparations. The prussiate we have often given and either of these salts may be administered in the form of pills, of five

grains, three times daily. In cases where the spleen has become enlarged, we direct the *iodide* of iron, in pills prepared according the following formula.

"Take of iodide of 127 grains, iron wire about the thickness of a thin quill, half an ounce, distilled water 75 minims. Agitate them briskly together in a strong ounce phial, provided with a well-fitted glass stopper, until the froth which forms becomes white, which will happen in less than ten minutes. Pour the liquid upon two drachms of finely-powdered loaf-sugar in a little mortar, and triturate immediately and briskly for a few minutes; add gradually a mixture of the following powders, viz: liquorice powder half an ounce, powder of gum arabic a drachm and a half, and flour one drachm. Divide the mass into 144 pills."

One of these to be taken before each meal. Purgatives are necessary in conjunction with the alterative tonic. This condition of the spleen, if not obviated, is pretty certain to give rise to dropsy or other grave disorders.

Dr. Clymer has incorporated with the chapter on Remittent Fever the observations of a number of American physicians, which add essentially to its interest. This fever, as it is the most prevalent amongst us, after the intermittent form, and the most fatal, has long attracted a larger share of the attention of southern physicians than any other disease. Like intermittent fever, it often puts on the congestive type, and is then one of the most fearful of diseases. We have observed that men between the ages of fifty and sixty are particularly liable to attacks of this fever, and that in such cases it is particularly fatal. The disease in them is decidedly remittent, and almost intermittent, for several days, when, after a chill, symptoms of fatal congestion ensue, and the case becomes hopeless. We give entire what Dr. Clymer adds on the treatment of this fever:

"In the treatment of remittent fever in this country, the simple expectant plan is the one which has been generally of late recommended by those who have had much experience

in the disorder. General blood-letting is in most cases not required, particularly in our southern latitudes, where great caution is required in its use; it is, however, said to be better borne by northerners in such cases, than by the native inhabitants. When decided indications exist for the use of the lancet,—general arterial excitement, as shown in the wild bright eye, intense cephalalgia, hard, full pulse, hot surface, and injected face—it should promptly be resorted to, and great relief will frequently follow; but it will rarely be found necessary to repeat it. Local bleeding, on the contrary, is most generally of great utillity, in relieving many of the prominent symptoms,—as the gastric irritability, tenderness or pain of the epigastric and hypochondriac regions, and the pains in the back. Emetics are now generally abandoned in this form of fever, it being found that they aggravate the gastric distress, which is usually so annoying. If, however, it is found necessary to empty the stomach at the commencement of an attack, the mildest means that will effect the object, should be resorted to. A full dose of calomel (grs. x.) may be given in the first paroxysm, followed by castor oil, or a saline cathartic. No benefit can be derived from a course of systematic purging afterwards, and much harm may result. It is important, however, to keep the bowels open with mild laxatives, care being taken to select those which may not offend the stomach, and by enemata. As to the specific influence in this disease of mercury, no satisfactory evidence has, in the opinion of the writer, been adduced of its utility. Small doses of calomel, blue pill, or hydrargyrum cum creta, combined or alone, may be highly useful as adjuvants in the general plan of treatment, as in that of other diseases. The apartment of the patient should be kept cool, and he should not be oppressed by too much covering to his bed. Cold sponging, with water, or vinegar and water, is generally excessively grateful, when the skin is hot and dry. Dr. Dickson speaks highly of the effects of cold water, and particularly of the cold affusion, which he is disposed to regard as among the most efficient of our febrifuge remedies. 'All that we can hope or anticipate from blood-letting,' says he, 'may be obtained in a majority of cases by the use of the bath, while the latter possesses this striking and obvious advantage, that we can repeat it as often as the symptoms are renewed that require it. Nor can I help expressing my surprise at the very limited resort of my professional brethren to it, when I consider how instinctively we desire it as a relief from the burning heat that oppresses us, and how certain and immediate a means it is of affording this

relief. Of the three modes of employing it, namely affusion, immersion and ablution, the first is the most impressive and efficacious, the last the least liable to objection or risk in doubtful cases. The particular indications which demand the resort to it, unhesitatingly, are found in the youth and general vigor of the patient, and the heat and dryness of the surface. The local determination which it controls most promptly is that to the brain, shown by headache, flushed face, red eyes, delirium, etc., with a full, hard, bounding pulse. Seat your patient in a convenient receptacle, and pour over his head and naked body from some elevation, a large stream of cold water; continue this until he is pale, or his pulse loses its fullness, or his skin becomes corrugated, and he shivers. On being dried and replaced in bed, a genial sense of comfort and refreshment will attest the benefits derived from the process. which, as I said above, may be repeated whenever the symptoms are renewed, which it is so well adapted to remove. If the shock of this shower bath or cataract be too great, immersion, which many prefer, may be substituted. Few shrink from this, and almost every one will evince the high gratification and enjoyment derived from it. One of the pleasantest effects following the bath, is the complete relaxation of the surface which it so often brings on, attended with a copious and salutary sweat. I need not warn you against the nearly obsolete practice of endeavoring to accelerate or increase this by wrapping in blankets, or shutting up the apartment, or warming it artificially. The patient is to be covered agreeably to his sense of comfort; and though I would not place him in a current or draught of air, I would have his chamber fully and freely ventilated, Some have strangely enough imagined it to be necessary that evacuations of some kind should be premised to the application of the cold bath, but this is a worse than superfluous caution. It does positively harm by postponing the remedy until the time of its most special adaptation and great utility is past—the earliest and forming stage of the febrile attack. It is here, I repeat, that you will find it most admirably beneficial. Yet you will meet with frequent occasion to advise its repetition at intervals, throughout the whole progress of the disease; and even when the patient can no longer bear either affusion or immersion, he will often be relieved and gratified, by washing and sponging him, especially over the hands, arms, breast, feet, and legs. In the very latest stages of our worst fevers, ablution in this way with ardent spirits, is found singularly refreshing. The affusion of cold water locally upon the head in a stream of some height

by the spout bath, is of inestimable advantage in cases where the cerebral determination is inordinately violent, dangerous or tenacious; and will bear to be repeated far oftener than it would be proper to take the patient out of bed for the administration of the general bath. Support him in a leaning posture over the bedside and dash the current from a pitcher over the vertex for some minutes and from some elevation above him. Many who dislike all the other modes of using cold water, entreat for this operation as the most soothing of possible indulgences; nor have I yet met with any ill consequences from allowing its most unlimited frequency of repetition. The cold bath in its several modes of general application is prohibited, let me remind you, when the patient is of feeble habit of body; much advanced in age; much exhausted or enfeebled at the time; when the pulse is weak or the skin cool, or covered with moisture; when the lungs are oppressed or inflamed; and when diarrhœa is present. Its repetition is forbidden when it has occasioned a protracted chill or rigor, or the patient has continued to feel cold or uncomfortable from it.' Excessive irritability of stomach is a frequent and very troublesome symptom. Ice in small pieces, the effervescing mixture, and other remedies of this kind may be administered for its relief. To moderate the excessive thirst, ice, iced water, and acidulated drinks may be allowed. Lemonade, tamarind water, and a weak solution of cream of tartar, are, in general, very grateful. With regard to the administration of quinine some difference of opinion prevails. As a general rule, the more decided the remission, the greater its utility; in the inflammatory form, it is generally of little advantage. Where the remissions are well marked, or where there is a tendencey to prostration, it is, on the contrary, of the highest value, and should be administered in doses of from five to ten grains, frequently repeated before the anticipated exacerbation. Stimulants sometimes are necessary towards the termination of the disease. Of these, capsicum, wine, brandy, and ammonia, with infusion of serpentaria or valerian, and nourishing food, are very beneficial. Convalescence should be carefully watched, as relapses are easily induced by imprudence. The diet should be digestible and nutritive, and the body should be well guarded against any vicissitudes of climate. The secretions generally should be attended to, and moderate exercise prescribed with the returning strength. The mild bitters will often materially assist us in restoring the powers of the stomach.

"The congestive form of remittent fever requires prompt

and vigorous treatment. The chief indications are to procure reaction, and to prevent a recurrence of the paroxysm. To effect the first, sinapisms should be applied over the stomach, chest, between the shoulders, and on the extremities. Blisters are recommended by some practitioners as preferable, whilst others advise that they should replace the sinapisms, when these have commenced to excite irritation of the surface. Stimulants must be freely given internally, quinine, camphor, capsicum, &c. The quinine must be given in large doses, (grs. v. to x.,) at short intervals; it should be combined with capsicum or camphor, or if there is severe vomiting, the oil of turpentine may be substituted for the camphor. The evidence in favor of large doses of quinine repeatedly given in congestive fever, is ample and convincing. Calomel is generally combined with the above remedies, and is administered during the paroxysm, to the amount of fifteen or twenty grains."

This is an admirable summary of American practice in bilious remittent fever, and we commend it to all who have not yet adopted a system satisfactory to them. Much stress is laid upon the use of cold water, but not too much; it would be difficult to exaggerate the virtues of cold water as a febrifuge. Nor is ice, as a remedy in cases of gastric irritability, too highly extolled. We have heard much of medicines "acting like a charm," but if ever we saw a magical effect from any remedy, it has been from ice in fevers, among children and adults, attended by obstinate vomiting. We attach great importance to quinine in remittent fever tending to an intermittent type. If there be a distinct cold stage this medicine will generally be found admissible, and its efficacy is hardly less paramount then than it is in intermittent fever. Every case of remittent fever ought to be narrowly watched, and if it be discovered that at a particular period in the day the patient's extremities grow cold, and other indications of a chill appear, quinine should administered at hours and in doses to anticipate the next paroxysm. We have a painful conviction that we have seen valuable lives lost under a different practice, which might have been saved

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by such a procedure as this. Their fevers have gone on under the purgative and emetic treatment for nearly a week, exhibiting distinct remissions daily, or every other day, until the true congestive character has been assumed, and all means become unavailing. What might not quinine have effected under such circumstances? Quinine, no doubt, has aggravated the symptoms in many cases, for it is not a medicine that can be used without discrimination; but whenever, and as soon as it can be given without adding to the febrile excitement, it is a remedy more efficacious than all others in fevers. It is a true *febrifuge*, and the true practice is to administer it the first hour that it is admissible.

We shall not attempt to give any farther account of this volume. These points we have noticed in advance of its circulation, as they are matters of special interest to the readers of our Journal at this season. The work will have, as it deserves, a wide circulation, and no one who becomes its possessor will regret the time and money that he may expend upon it. Some of the best minds in the profession have been engaged in its preparation. Christison, Shapter, Burrows, Gregory, Locock, are names familiar to all the readers of modern medicine. To their essays, all the more finished and spirited because the authors had choice of their subjects, the American editor has added a chapter on typhoid fever, besides appending valuable remarks to all the subjects on which the labors of his countrymen have reflected any light.

ART. VI—*Proceedings of the Ohio Medical Convention held at Columbus, May* 12, 1846. Dayton: R. N. & W. F. Comly. 1846.

We have received a copy of the Proceedings of the Medical Convention of Ohio, in which we find a good share of solid medical matter. The Convention is well sustained.

having the countenance and support of the best medical talent in the State, and is very manifestly exerting a happy influence upon the profession in that quarter. Among the doings of the Convention, we perceive that it has appointed delegates to the National Medical Convention to be held at Philadelphia next spring. An excellent code of *medical ethics* is printed in connexion with the medical reports in this pamphlet, and as it has a prominent place among the proceedings of the Convention, it is to be hoped it will be diligently pondered and faithfully observed by its members.

The first medical report is in relation to Typhoid fever, of which the committee appointed to investigate the subject find it difficult to give a satisfactory account, for the reason that they have not been able to collect any facts respecting the post-mortem appearances exhibited by the disease in Ohio. The report says:

"It cannot be doubted, that the character of the fevers of the West is gradually undergoing a change. The intermittent and remittent forms of disease, are gradually being replaced by those more continued. This change is more observable and marked in some localities than others, and probably depends in a great degree, if not entirely, upon the clearing, draining, and cultivation of the soil. In numerous places known to us, where the malarious diseases were formerly very prevalent, they are now scarcely known; and in a number of instances quite extensive epidemics have prevailed, agreeing in their main symptoms with what is described as typhoid fever."

The next report is of a case of deformity resulting from a burn, in which an operation was successfully performed by Dr. Thompson, Surgeon General of Ohio:

"This case was presented to the Convention by drawings, representing a young lady 20 years old, very much deformed by a burn which occurred when she was a child of 4 years, and the relief afforded by an operation.

"The burn occurred on the breast, neck, and chin. The

chin was drawn down to the sternum, the mouth open, and the head permanently bent forward.

"An incision was made into the modulated tissue, about midway of the sternum; the integuments dissected up to the lower maxillary bone; the underlying cellulo-fibrous tissue of this point divided, to admit a proper elevation of the head, and fashion a chin. The next step in the operation was to adujust the integuments to the parts thus prepared, and secure them by appropriate bandages.

"First dressing, patent lint—subsequent, various. Elastic retaining bandages were used during the entire healing process. The flap, in its main extent, united by the first intention.

"The operation was entirely successful—the chin and head resumed their natural position, and a fine, intelligent young lady, who had had an unsightly deformity for sixteen years, was made of a very respectable appearance. Her general health, too, which had become very poor before the operation, was completely restored."

This is followed by an essay on *obstetric auscultation*, by Professor Butterfield, of Willoughby Medical College. Notes of a paper on version of the uterus, and of one on animal magnetism are given, but the articles have not been published. A case of "*Spontaneous dry Gangrene*," attended with hydrophobic symptoms, is reported by Dr. R. Hills, at length. The subject was a lady 41 years of age, who had suffered from a severe attack of pneumonia, for which she was actively treated. After two or three relapses, in which the lancet was found necessary, and after exposure to a cold room in waiting upon a sick daughter, she was seized with a chill, which was followed by acute pain in one of her lower extremities. Dr. Hills found the limb pale, "of a cadaverous appearance below the knee, and somewhat shrunken in its volume." Five days afterwards signs of mortification appeared; the cuticle separated over the lower part of the leg and foot which had become slightly swollen.

"On April 4th, the toes and lower third of the foot assumed a *tawny hue*, or brown scorched color, and during the succeeding three or four days, this hue increased and the parts be-

came shrivelled, hard, horny, and semi-transparent. The same changes soon became apparent on the side of the leg spoken of as being white and corrugated. At the same time the remaining portion of the leg became more tumefied, of a greenish black color, and very fetid. In the mean time, we wrapt a blister entirely around the limb above the knee, applied the fermenting, charcoal and linseed poultices, &c., to the knee itself, and the upper part of the leg, and encased the lower portion in charcoal alone, for the purpose, simply, of removing the fetor. She gradually sank, however, until the 7th of April, when at noon her pulse was 150 and very feeble, and by evening it was so indistinct that it could not be counted. It remained so during the night and the whole of the 8th. Her respiration at the same time was irregular, deglutition difficult, and voice almost inarticulate. Quinine and brandy were freely administered while in this condition, and in the evening of the 8th she revived, and the pulse became distinct, and when first counted was 140. By the morning of the 9th, it was 120, and she had correspondingly improved in other respects. In this condition she remained until the 14th, six days, the sphacelation slowly proceeding up the limb, at the rate of three or four lines per day, preceded by a band of purple redness, with slight œdema."

In ten days from this time the sphacelation ceased to progress, "and a line of demarcation began to form below the knee, first indicated by the crimson band changing to a scarlet color." The patient had sunk so low that her physicians were deterred from amputation in the ordinary way, but a separation of the putrid limb was determined upon and was effected through the dead parts, the patient being unconscious of the operation until she heard the grating of the saw against the bone. Two days after this operation, the patient's condition appeared improved, and hopes of her recovery began to be entertained; but symptoms of hydrophobia came on five days subsequently, which terminated her sufferings on the fourth day after their occurrence, and forty-five days "from the first invasion of disease." These symptoms are thus described by Dr. Hills:

"When drink was brought to her, as she was about to take it, there was a general nervous disturbance, amounting to a

shudder, with twitchings of the muscles of the face, neck and arms, though she would succeed in taking her drink. These difficulties increased during the afternoon until 7 P. M., when I first became aware of it. The convulsive movement, or *strong, clonic spasms* of the muscles of the face, neck, arms, and chest, increased by attempts to drink, seemed now to arrive at their acme, and when I came into her presence, the eye-balls were thrown convulsively upwards, the eyes open and staring, the muscles of the face horribly distorted, respiration nearly suspended, having been, immediately preceding, that of a person walking into cold water. This condition lasted about half a minute. At intervals of from one to five or ten seconds, there were short, sharp and strong jerks of various muscles, principally confined to the upper portion of the body, still continuing. In ten or fifteen minutes, on attempting to give her an anti-spasmodic, she was thrown into the condition described as when I first saw her, which lasted about the same length of time, a half minute. These paroxysms, so to speak, of convulsions, during the next four hours, were as frequent as once in 20 or 30 minutes, the short, sharp jerks continuing in the intervals with greater or less frequency. The paroxysms were sometimes brought on by attempts to drink, by bodily exertions, and sometimes without an apparent immediate cause. From 8 to 10 o'clock she took no drink, all attempts being unsuccessful, though various means were tried. We could not even get ice into her mouth, though there was no *trismus.*

"She was frequently complaining of her inability to drink, as her thirst was great. At an early part of the evoning, a warm bath was suggested, with which suggestion she seemed pleased, but when it was ready for her use, the mere information that it was ready, produced such shuddering and convulsive movements, with dread and reluctance in her mind, that we were compelled to desist. Her head, upon the upper portion of it, was exceedingly hot, for which we kept ice constantly applied in a bladder. For the first few hours, the functions of the brain seemed unaffected, but then the mind became slightly wandering, confused for a few moments, then clear again; but upon the whole the confusion increasing. In the latter part of the night, there was an abatement of the troubles. She was still convulsed, but could drink with tolerable ease, though with agitation in the effort. Her pulse had during the night been small, irregular, and rapid, the extremities cool. In the morning of April 28th, some general reaction took place, or the pulse was fuller and the extremities

warmer. At 12, M., the convlsive actions again increased, and were frequent and severe until 3 or 4, P. M., when they again diminished, the powers of the system evidently giving way—the delirium having become constant, and the pulse very small and irregular, her muscular strength diminished, &c., and by midnight, deglutition was difficult, and her voice became inarticulate. There was constant watchfulness, with delirium, and after lingering until 9, P. M., of the 30th, death relieved her from her varied and greatly protracted suffering, 45 days from the first invasion of disease.

"Since her death, information was given by an aged and intimate female acquaintance of the family, that when Mrs. L. was from 14 to 16 years of age, from 25 to 27 years since, she was bitten by a favorite house dog of her own, while it was laboring under some species of fits, with which it died, or for which it was killed, she thinks the latter.

"Of these facts the immediate family have no recollection, except that they possessed such a dog.

"This case, it appears to me, calls up several questions of great interest, among which are the following:

"Was the gangrene *spontaneous*, or the sequela of the previous disease?

"Was the convulsive condition at the close, truly hydrophobia, or traumatic tetanus? If the former, it is remarkable as to the time that the virus remained inactive; if the latter, it is equally so as to its simulating hydrophobia."

We should not be disposed to attach much importance to the story of the "aged female," that the patient, when a girl, twenty-seven years before, "was bitten by a favorite house-dog of her own." The irritation of the sphacelated limb strikes us as a cause quite sufficient to have elicited all the symptoms in the case.

Reports of several surgical operations by Dr. Howard make up the remainder of this pamphlet. One of these, the removal of a large urinary calculus from a female, possesses a good deal of interest. By means of an instrument contrived by the operator, Dr. H. was able to dilate the urethra to such an extent, that but little cutting was necessary. Dilatation by sponge tents and bougies had been found im-

practicable on account of the irritability of the parts. The operation is thus described:

"The patient being placed as in the lateral operation for the male, without any difficulty, I introduced my dilator, and readily separated the arms of the instrument by means of the thumb-screw, so that in fifteen minutes I was enabled with very little pain to the patient, to place my finger upon the stone, while the instrument still remained in the urethra. As it was not safe to depend upon dilatation farther, I introduced the bistoury and divided the urethra upward and outward, after Liston's plan. This division increased the facility of dilatation to almost any extent. I could now feel the stone in every direction. I immediately introduced a medium sized forceps, but found the stone too large to escape with impunity to my patient. I again introduced the dilator, distended the parts, and then made another incision outward and upward on the opposite side. This enabled me to command the stone, and to remove it without much force."

In a week, the patient was able to retain her urine from two to four hours, and ultimately regained the power completely.

ART. VII.—*Dictionary of Practical Medicine, comprising General Pathology, the Nature and Treatment of Diseases, Morbid Structures, &c.* By JAMES COPLAND. M. D., F. R. S. Edited with additions. By CHARLES A. LEE, M.D.

Part XVI of this admirable Dictionary has been for several weeks on our table. We congratulate the profession that the work is going forward with so much regularity, and that there is a prospect of its completion at no remote time. When brought to a close it will constitute a sort of encyclopædia of practical medicine with which no practitioner will willingly dispense. What has already been issued of it makes 1056 pages, with double columns in fine print.

SELECTIONS

FROM

AMERICAN AND FOREIGN JOURNALS.

On the Treatment of Ancurism by Compression. By Dr. Porter, Consulting Surgeon to the City of Dublin Hospital, &c. &c.—We do not, says he, extol the practice as being simple and safe, and free from pain, and exempt from trouble; we only compare it with another, and advocate it on the grounds of being more free from danger, more conservative of human life. True, the disease may occupy situations where this particular mode of treatment cannot be adopted, to which there may be no means of applying pressure, or where there may not be sufficient space for its adaptation, and, therefore, we cannot forego our operations on the carotid, the subclavian, and the iliac arteries; but for the other forms of aneurism, and especially that formidable one, the popliteal, still more formidable because of its extreme frequency and the fatality which attended its former treatment, we ought to consider ourselves happy in possessing a resource which promises to supersede the necessity of an operation altogether. I look forward with hope, and indeed with confidence, to the day when it shall cease to hold a place in operative surgery, when it shall have become (at least in Ireland) a matter of professional history—the practice of by-gone days—and when a surgeon shall undertake the management of a case of popliteal aneurism with as much calmness and reliance on the resources of his art, as he lately approached it with apprehension.

Wm. Devereux, a tailor, æt. 29, was admitted into the Meath Hospital, December 3d, 1844, when he stated that he had generally enjoyed excellent health, until about two months previous to his application for relief, when he observed an unusual pulsation or throbbing in the right ham, which, howev-

er, gave him no uneasiness, except that he imagined that limb to be occasionally stiff in walking. He thus continued for six weeks, at the end of which a tumor appeared on the spot where he first observed the throbbing, which gradually increased until it attained the size of a small orange, though still unattended with pain; but the size of the swelling, and the stiffness produced by it, interfering with the power of extending the limb, he applied sixteen leeches, which he imagined had some effect in reducing its dimensions. During the last two days it increased so rapidly as to create alarm, and induce him to apply for assistance.

On examination, a tumor was observed pulsating strongly on the right popliteal space, and occupying its entire extent; firm and incompressible externally, but softer internally, where pressure had the effect of diminishing its volume considerably. The expansion during its diastole was equally perceptible in every direction, and a low *bruit de soufflet* was heard over every part of it. Pressure on the artery at the groin reduced its size by nearly one-third. The man's general state of health appeared to be very good, and he made no complaint except of pain occasionally shooting down to the external ancle, particularly at night.

Dec. 6. At half past ten o'clock this morning I applied pressure on the trunk of the femeral artery by means of two clamps; one applied about two inches below Pouparts' ligament, the other at a spot nearly corresponding to the place where the vessel entered the tendon of the triceps muscle, with the intention that one might be screwed down when it became necessary that the other should be relaxed, and thus a constant and uninterrupted compression be maintained. The superior clamp was then screwed down until the impulse of the circulation was communicated to the instrument, which vibrated with each stroke of the vessel. Under this pressure the pulsation of the tumour was scarcely, if at all, diminished, and he bore it without apparent inconvenience for a quarter of an hour, when it was relaxed—the inferior clamp having been screwed so as to produce a corresponding effect: but it was found that he could not endure this latter either so well or for such a length of time as the former, the reason of which appeared to be that a comparatively much greater force was necessary to produce a given effect on the circulation when used where the vessel was deeply covered, and consequently the pressure on the soft parts there was stronger and less endurable. In the evening the limb was slightly swollen and discolored, and he complained of pain in the calf of the leg,

which latter symptom was relieved by wrapping the part in flannel.

Dec. 7. Passed a sleepless night; the limb more swollen but less painful.

Dec. 8. Had some sleep from the effects of an opiate. The pain was now trifling, but the tumefaction increased, and there was some œdema. On this day he was able to endure the pressure of the superior clamp for half an hour, and of the inferior twenty minutes; neither instrument was ever screwed so tightly as completely to obstruct the circulation, or stop the pulsation in the tumor.

Dec. 10. On this morning I found both clamps loose and unscrewed; this had been done by the patient himself, who was feverish, irritable, and discontented, complaining of headache, and having a hot skin and accelerated pulse. He was ordered some aperient medicine, which afforded great relief.

Dec. 12. I found it nearly impossible to affect the circulation of the limb by the inferior clamp: it could not be brought to bear directly on the vessel, and consequently the degree of pressure used was too forcible without being very effective. Mr. Millikin, the ingenious instrument maker, of Parliament street, contrived a clamp in which this objection was obviated; it answered the purpose admirably.

Dec. 13. The œdema of the limb had nearly disappeared, and there was no pain; the *bruit de soufflet* scarcely perceptible in the tumor, and the force of pulsation diminished.

Dec. 15. The case seemed to be progressing most favorably, when, unfortunately, the new instrument broke, and pressure of any kind was discontinued for several hours. The symptoms all returned as in the commencement.

Dec. 16. A new instrument having been constructed, the pressure was resumed, the symptoms being as strongly marked as at any previous period, but the general condition of the patient much more favorable; he could now endure the operation of the superior clamp uninterruptedly for an hour and a half, that of the inferior one for an hour, and neither occasioned œdema, discoloration, or pain.

Dec. 20. The *bruit de soufflet* was no longer audible, and the tumor seemed to be firmer and smaller. The patient appeared perfectly to understand the object of the treatment, which had been frequently explained to the pupils at his bed side, and managed the screw of the instrument himself with considerable judgment: the necessary attendance on him was, of course, diminished, and the case afterwards gave but little trouble.

Dec. 30. On the evening of this day he suddenly exclaimed that the pulsation in the ham had ceased, and that he was cured. On examination such was found to be the case.

Jan. 6. The tumor was hard, diminished in size, and totally devoid of pulsation. He was up on this day, weak and somewhat emaciated from confinement, but in other respects perfectly well. He has since been frequently seen by me and several of the pupils of the hospital; and up to the last day on which he came under observation (July 19, 1845) he remained without the slightest apparent tendency to a recurrence of the disease. The limb that has been engaged exhibited no difference from the other, except that, on minute examination, a small, firm, kernel-like tumor could be felt deep in the popliteal space.—*Dublin Quarterly Jour. of Med. Science.*

D. W. Y.

New Test for Prussic Acid.—The following new method of testing for hydrocyamic acid is proposed by Mr. Richard Austin, Jr., of this city. The precipitate of cyanide of silver, say half a grain, obtained in the usual manner, is mixed with a small quantity of oxide of iron and carbonate of potash, and the whole fused together in an iron or platinum capsule. The fused mass is then dissolved in half an ounce of distilled water, filtered, and rendered slightly acid by the addition of a few drops of hydrochloric acid. The liquid thus treated is next divided into two portions, to one of which a few drops of a solution of sulphate of copper is added, which immediately causes the evolution of the chocolate-brown color, so characteristic of the ferro-cyanide of copper; and to the other a few drops of the muriate tincture of iron, or any persalt of iron, when the solution becomes intensely blue by the formation of the ferro-cyanide of iron, the ordinary Prussian blue.

In Mr. Austin's opinion, "these two tests, with the well-known odor of prussic acid, are, *independently of all others*, sufficient to convince the medical jurist of the presence of free prussic acid." Mr. Austin adduces several arguments to shew the superiority of this test to those already known to chemists, both in accuracy and facility of application, by persons not skilled in chemical manipulation. The precipitates above mentioned are very distinctly obtained with half a grain of cyanide of silver.—*Ibid.*—*Abridged from the Dublin Hospital Gazette.*

D. W. Y.

On certain Pathological conditions of Milk as the cause of disease in Infants.—M. Albert Donné, in his *Cours de Microscopie*, (Paris, 1844, page 412,) observes: Our ignorance in the present day with regard to the characters of good and bad milk in nurses, and the mode of distinguishing that which possesses qualities requisite for the life and health of the child, from that which only affords to it an unwholesome kind of food, is so great that it is almost impossible to find a practitioner, nurse, or even chemist, capable of giving an opinion whether a given specimen of milk be of good or bad quality. The indifference with which this important question is regarded, is no doubt in great measure attributable to the difficulty of the subject, to the inefficiency of the results which chemical analyses have hitherto afforded, and to the want of a proper method in the examination of this substance. We cannot in reality attribute it to any lack of interest, or to the trifling importance of the question, for there is perhaps none which in a higher degree concerns the public health, the happiness and welfare of families, or which more frequently presents itself for solution; and I have no hesitation in stating, that all which has hitherto been said and written on the subject of milk, so far at least as regards its peculiar qualities in relation to the nourishment of infants, is absolutely valueless. No one, certainly, is likely to be deceived by the color, consistence, or even taste of milk; yet nothing can be more vague than are such characters; it is impossible to attach any real value to them; and since they are based on nothing positive, each person may interpret them as he pleases; consequently the attention of medical men is directed much rather to the general health of nurses than to the properties of their milk; and the examination of this secretion. if undertaken, is performed merely as a matter of form. Undoubtedly the general health is an indispensable condition, and one to which especial attention ought to be directed in the selection of a nurse; yet this condition is far from being the only one deserving of consideration, and it is well known that the best health is not always a guarantee for the good qualities of a nurse, or the nutritive properties of her milk; the lacteal secretion may be insufficient, or abnormal, in a woman otherwise perfectly healthy. Is it not a matter of daily observation, that one woman, although of a meagre sickly appearance, makes a better nurse than another woman of the healthiest aspect; and are we not frequently deceived as to the state of the constitution by external appearances? It is evident that the organs endowed with the function of secreting milk are, so to speak, placed too much without

the general economy, to allow of the qualities of this secretion being estimated by the integrity of other organs and the regularity of other functions. It is in the milk itself, therefore, that we must search for the characters of its good and bad qualities; and until we possess the means of observing its properties, and its good or bad nature in relation to the nourishment of infants, practice will be deprived of rule, the choice of nurses will be made in an empirical manner, and the determination of mothers who wish to suckle will more frequently be regulated by chance or caprice, than by reason, or with a due regard to the interest of their children. The subject has recently attracted the attention of M. Girard, who has furnished the following cases and observations. (*Archives Générales de Médicine*, June, 1845.)

Case I.—In September, 1840, a child, aged five months, was brought to me. I was informed that it was strong and vigorous when born, and that it was at once delivered to the charge of a nurse, who had been suckling for fourteen months. It shortly became uneasy, cried incessantly, and was only quiet when at the breast; it gradually grew thin, and diarrhœa was established, the stools being of a green color. When brought to me it presented the following condition: Its face was thin and pale, tongue red, with a few scattered aphthous points; belly tense; there was a bright erythematous redness over the thighs and nates; there was frequent diarrhœa, the stools green; vomiting of curdled milk several times a day; the child slept badly, frequently awaking. This was the third time the child had been attacked with an almost similar set of symptoms, except that the aphthous spots now appeared for the first time, and the attack generally was more severe than the former ones, which had disappeared under the use of baths, starch injections, and abstinence from food; the diarrhœa, however, had continued. Baths, injections, gargles were now in vain made use of; the diarrhœa obstinately remained, and the aphthous spots increased. The nurse's milk was very alkaline; it was not examined microscopically. Since the child did not mend, it was determined to change its milk, and a nurse was engaged who had only been suckling for three months. The beneficial effects of this change were very marked; in two days the diarrhœa had considerably abated, and after a week all the symptoms finally disappeared.

Case II.—Madame S., aged 25, was on the 14th of November, 1844, delivered of her first child, a male, strong and well formed; she suckled this child for ten days, at which time her breasts becoming enlarged and painful, a nurse was en-

gaged. This nurse was a middle-sized, dark-complexioned woman, about thirty years of age. She had no appearance of disease; her breasts were small; her milk was sweet, of good color, consistence, and quantity, and about three weeks old. The child when delivered to her charge was in good condition, and its evacuations were healthy; but in a few days its sleep became disturbed; it grew thin; its stools became liquid, and very frequent, sometimes green, at others black; it had nausea and vomiting; a bright redness extended over the thighs and nates, and the child became very restless. On the 3d of December it presented the following appearances: emaciation extreme; skin dry and rough; diarrhœa frequent; stools green; the belly tense and painful, extensive erythema over the surface of the body; some vesicles on the scrotum; constant vomiting after taking the least quantity of liquid or milk; tongue red, and as well as the mucous membrane lining the lips and cheeks, covered with numerous aphthous spots. I prescribed bran baths, water containing white of egg for drink, injections of linseed infusion with a drop of laudanum twice daily, and poultices to the abdomen. In spite of this treatment, however, the symptoms became more intense, the erythema extended, the aphthous spots became more confluent, ecthymatous pustules formed on the legs, the diarrhœa became more frequent, and the emaciation increased. This state of things continued until the 9th of December, when the nurse's milk was examined microscopically by M. Duforsè, and the following results obtained:—There was nothing peculiar in its color; its consistence was that of milk containing much cream; treated with ammonia it became slightly viscous; it was neither acid nor alkaline. When a drop of this milk was examined with a microscope magnifying 300 diameters, it was observed, 1st, that the milk globules were in great abundance, such as is found to be the case in very rich milk; they were generally of a considerable size, and the largest resembled small bladders half filled with liquid, and collapsed. Instead of having a pearl-like brilliancy, most of them, especially the large ones, were of a dull white color, somewhat resembling opal; some of them, aggregated together, formed small groups, which could be moved about in all directions, without a single globule being detached. When submitted to slight pressure, these several groups spread out so as to occupy a surface five or six times greater than they presented at first, and they assumed various forms. The smallest quantity of sulphuric ether introduced between the plate of glass dissolved a large quantity of them very rapidly. 2d. The field of the microscope

was beset with roundish granular particles, perfectly colorless, and presenting all the characters described by J. Henlè, Donnè, Mandl, Güterbrok, and other micrographers.

[To these particles Donné first applied the name of *corps granuleux*, and describes them as invariably existing in colostrum, but disappearing gradually as the milk becomes older; so that after about the twelfth day, and usually much sooner, not a trace of them is to be fouud. They differ from ordinary milk globules (with which they co-exist) in form, size, general aspect, and internal composition. They are not always globular, but present all possible varieties of form, and also of size, the smallest being about one-hundredth of a millimetre, the largest many times this size; they are slightly transparent, usually of a yellowish color, and of a granular aspect, appearing as if composed of a small number of granules aggregated together, or enclosed within a transparent envelope. Very often there exists in the centre or some other point of these little heaps a single globule, which is apparently nothing but a true milk globule imprisoned within the granular matter. The nature of these granular bodies is unknown; Donné supposes that they consist of fatty matter, and a peculiar mucous substance; they are not soluble in alkalies, but like true milk globules dissolve in ether, and after the evaporation of this reagent small heaps of acicular crystals remain on the glass. (*Cours de Microscopie*, par Alb. Donné, p. 400.) Although the existence of these granular bodies is commonly pecular to colostrum alone, yet Donné (page 421), observes that they and the other peculiarities of the colostrum (as the large irregular size of the milk globules, which, instead of floating free, are agglomerated, together in small masses,) may persist for many months, even to the end of suckling. The existence of this condition can only be discovered by the microscope, for the ordinary physical properties of milk, such as whiteness, consistence, and other characters, are preserved; and the nurse may continue in perfect health: the child, however, usually grows thin, although it is continually at the breast, and it commonly becomes attacked with diarrhœa. The milk in this case of M. Girard seems to have retained many of the characters peculiar to colostrum; he thus continues the narration of it:—]

The propriety of changing the nurse was now suggested and adopted: the milk of several was examined microscopically, and one selected whose milk appeared perfectly pure. This change had scarcely been effected two days, when the

diarrhœa and vomiting diminished, and speedily ceased altogether; the aphthous spots dssappeared, the tongue resumed its natural color, and the erythema faded. From this time the child speedily recovered its good looks, and became fat, its stools being natural, and sleep good.

Case III.—Madame R., aged 28, was delivered of her seventh child in February, 1842; a male, strong, and well formed. One of her children had died when six months old, from an affection characterized by ardent thirst, extreme emaciation, diarrhœa, with green stools, and glairy vomiting. The present child took the breast readily, and was apparently in good health, yet vomited occasionally after suckling; the milk to all appearance was perfectly good. About the beginning of the second month the vomitings increased in frequency. Supposing that the child filled its stomach too full, the breast was given to it less frequently, and a little *eau sucrée* substituted, yet after each time of taking the breast it still vomited, though it could retain other liquids; it soon grew thin and pale, and its bowels were alternately constipated and relaxed.

Towards the middle of the second month, the following symptoms suddenly occurred; the child screamed out, ceased to breathe, and became unconscious, its face and hands assuming a livid hue: this condition lasted for a few seconds, and then passed off spontaneously, leaving the child weak and faint for some hours. Within the next twenty days the child had many similar attacks, which came on at uncertain periods, both day and night, without any obvious cause; blisters, antispasmodics, and baths were employed, but without benefit. The vomiting still continued. The milk was now examined miscroscopically several times, at intervals of some days, and was found to present an enormous quantity of mucus without any other alteration. I informed the mother that it was essential the child should have other milk; this was repugnant to her, and she requested a few days' delay. Eight days afterwards, the vomitings having diminished, the milk was again examined, and presented a diminution in the quantity of mucus; but it again increased after a few days, and with this increase the vomitings returned as before. The child continued to grow thin; a little diarrhœa showed itself, and the chest affection remained. The mother, now becoming alarmed, consented to employ a nurse: the milk of seven different women who successively offered themselves, although to all appearance good, presented beneath the microscope either mucus, granular bodies, or other alterations; therefore they were re-

jected. At length one was obtained whose milk microscopically was perfectly pure. Two days after taking this milk the vomitings entirely ceased, so also did the symptoms of asthma, and neither of them ever reappeared; the child speedily became fat, strong, and well, and remains so to the present time.

At the conclusion of these cases, M. Girard remarks, that without wishing to generalize too much, or to establish a theory from a few facts, is it not, however, logical to observe here a relation of cause and effect? What do we see in the second case? A severe and frequently fatal affection, which was rapidly on the increase, had resisted all rational means adopted for its removal, and which yielded with the greatest facility to a change in the milk with which the child was fed. We observe this disease to coincide with the ingestion of milk impure and of bad quality, and we witness its disappearance with a truly marvellous rapidity as soon as milk of good quality is administered. And in the third case, although the symptoms were somewhat different, yet we observe them to occur coincidently with the ingestion of impure milk, and to cease when milk of a pure quality is substituted. Is it unreasonable to conclude that certain severe pathological conditions may be produced by alterations in the milk alone, and may be dissipated even when they have attained a very high degree, by a return to milk of good quality? It would be a point of much importance to ascertain whether these alterations in the condition of milk could at any time coincide with the maintenance of perfect health in the child; also it would be important to determine, if possible, whether a given alteration in milk most commonly or constantly induces such or such a pathological affection. Thus of the two cases last narrated we observe that in one a granular state of the milk induced an aphthous affection (the muguet), whilst in the other, a mucus condition gave rise to symptoms referable to the stomach and to the lungs; at any rate that these states were coincident with such affections. Of course it is not meant to be here implied that the pathology of infants is entirely under the influence of milk, but it seems probable that many hitherto inexpressible conditions may be so, and, moreover, that they might be explained by a simple examination of this liquid."—*Lond. Med. Gazette*, Oct., 1845, in *Amer. Jour. of Med. Sciences.—Illinois and Indiana Medical and Surgical Journal.*

A Case of Asphyxia from Drowning. By Henry Moreton, M. D., Assistant Physician to the Bellevue Hospital.—James Welch, æt. 46, born in Ireland, was observed on Tuesday, 2d of June, 1846, to throw himself into the East River, at the foot of 26th street, during a temporary aberration of mind. Assistance was procured as soon as possible, and he was rescued from the water, after having remained in it for the space of ten minutes.

He was immediately conveyed to the Bellevue Hospital, where I saw him soon after his admission. I found him completely asphyxiated—the whole surface of the body cold, the face livid, the veins of the neck very much distended, the pupils dilated and inactive, and a frothy mucus exuding from the mouth.

He was immediately wrapped in hot blankets, and insufflation attempted, but without success. Friction with mustard and vinegar was resorted to, one person being employed at each extremity. This treatment was continued for twenty minutes, when tr. cantharid. and tr. capsici. were substituted for the mustard and vinegar.

Warm brandy and ammonia were then poured into the mouth, but the function of deglutition, as well as that of circulation and respiration, was entirely suspended. A stimulating enema was then administered and retained.

In consideration of the congested state of the lungs and brain, I now consulted with Dr. N. Taylor, respecting the propriety of venesection, in order to relieve this surcharged condition of the nervous system, the result of which consultation was, that although depletion might restore the circulatory and respiratory movements, still, in the before-mentioned condition of the patient, general depletion was thought to be inadmissible; but as the same objections could not arise from the *local abstraction of blood*, cups were applied over the thoraic and epigastric regions—after which, slight pulsations were perceptible at the wrist, but no action of the respiratory muscles.

One hour had now elapsed since his admission, the cups were renewed and the friction continued for half an hour longer, without any change for the better; when, considering his case almost a hopeless one, I thought myself justified in resorting to a powerful derivative, and accordingly applied boiling water to his feet and legs, which to the surprise and gratification of Dr. Taylor and myself, as well as to the patients in the ward, acted promptly in restoring him, as the man immediately uttered an exclamation of pain, drew up his

legs spasmodically, and in the course of two minutes was sensible, and reaction had thoroughly taken place.—*New York Medical and Surgical Reporter.—Boston Medical and Surgical Journal.*

Perforation of the Membrana Tympani for the Cure of Deafness.—A young woman was completely deaf in both ears for four years, caused by a severe cold. Catheterism of the Eustachian tube was performed, and said to fail. The membrane of the tympanum was pierced, a small piece being drilled out of the membrane of the right side. After the operation, the hearing was greatly improved. Next day, intense pain was experiencad in the ear. Remedies were applied, and in forty-eight hours a profuse discharge took place from the ear. This varied in quantity, day after day, for two months, the hearing being slightly benefited. In eleven weeks after the operation, the patient became more deaf than ever, and was constantly complaining of flying pains through the head; at one time fixing in the forehead for a few hours, at another in the occiput, and frequently in the temple, particularly in the right ear. In this state she continued for four months, when she was attacked with rigors, rapid pulse, intolerance of light, and all the symptoms of disease in the brain, and she died on the third day.

On examination, an abscess was found in the lower part of the middle lobe of the brain. No opening could be detected through the petrous portion of the temporal bone, but the dura matter covering it was roughened on the surface, and softened in its texture, particularly near the internal auditory foramen. The membrana tympani was entirely destroyed, and the lining membrane of the tympanum was considerably thickened and villous on its surface.—*Dublin Medical Press.—Boston Medical and Surgical Journal.*

Prize Essay of the Louisiana Medico-Chirurgical Society.—We are requested to announce to the profession, that at a recent meeting of this Society, it was resolved to offer a gold medal, of the value of one hundred dollars, for the best Essay *on Strictures of the Urethra, with their treatment.* This prize is offered to the competition of the profession in all countries; but the essays must be written in the English or French lan-

guage. The communications must be accompanied with a letter and corresponding mottoes to the President of the Louisiana Medico-Chirurical Society, New Orleans, La., and should be received by the first day of February, 1847.

The medical press throughout the country is respectfully requested to give publicity to this notice.

Here is the offer of a splendid prize, and we doubt not it will call forth the competition of great talent. The prize will be awarded at the anniversary meeting of the Society, on the first Wednesday of April, 1847.—*New Orléans Medical and Surginal Journal.*

On the Uses of the Lobelia Inflata. By Abraham Livezey, A.M., M.D., Lumberville, Bucks county, Pa.—In pertussis, combining the tinct. lobel. of which Prof. Eberle speaks so highly, with the acid hydrocyan., extolled by Thompson and Roe, with equal propriety might I vaunt the receipe as a specific, as they do theirs—although such a thing as a *specific* probably does not exist, except it be sulphur for psora. In asthma, especially of a spasmodic kind, the most marked benefits result from the use of this plant singly, or combined as above—the existing disturbance of the nervous fibre of the bronchial surface, or the spasms of the mucous membrane of the bronchia are speedily allayed, and by a short course, a cure, or a *suspension* of some length at least, is the sequence of its administration.

For an adult,

℞. Tinct. Lobel. inflat. ʒi,
Acid. hydrocyan. gtt. 1—11.
Ter quatuorve die.

But if the paroxysm be severe, the tincture may be given in much larger doses, and repeated at short intervals, till entire relief is obtained. By this combination, I have enabled several *inveterate* cases of asthma, (which had been repeatedly prescribed for by various physicians, quacks, and old women,) to pass, for several months past, with a complete suspension of all their sufferings.

In diphtheritic laryngo-tracheitis, where the excitation of emesis cannot be readily accomplished, which frequently arises from the nature of the disease as well as the difficulty and unpleasantness of the administration of medicine to infants, this difficulty may be obviated by enemata containing a portion of the tinct. lobel. or pulverized plant, which at

once relaxes the system, removes the tension of the chest, changes the seat of excitement to a distant part, and emesis readily ensues; the bowels in the meanwhile are emptied of their contents, and recovery from every distressing system immediately follows.

In all cases of coughs, especially when inflammatory symptoms manifest themselves, as in catharrhal affections in children as well as in adults. I consider the tincture of this plant (or infusion, when the stimulus imparted by the alcohol might be objectionable) far preferable to ipecacuanha or the tartrate of antimony and potassa, being more decisive in its effects than the former, and a better and safer nauseant than the latter, without that fear of irritating the gastro-enteric mucuous membrane, the pathological condition of which has been too much overlooked by earlier writers, but which is now claiming deserved attention.

This brings me to the consideration of the lobelia inflata in febrile disorders, incident to every section of country, more or less, in summer and autumn. When it is desirable (as in fact it is always so) to lessen vascular action, and as a febrifuge, the "nitrous powders" sink into utter insignificance in comparison with this plant, which is not liable to the same objection as the tartarized antimony used in combination with calomel and the nitrate of potassa by many of the older practitioners, which too frequently increases that tenderness and erethism already existing in the mucous membrane of the stomach and intestines.

In high vascular action, also, with cerebral disturbance, when the application of cups to the nape of the neck, &c., fails in restoring rationality to the censorium, the most admirable results follow the administration of an enema, largely composed of the lobelia; or when accompanied with enervation and subsultus tendinum, the efficacy of the enema will be much enhanced by the addition of a portion of pulv. valer. and tinct. capsicum or camphor, which when thus combined produces a powerfully revellent action, changes the scene of excitement, and leaves the cerebral functions free.—*Medical Examiner.*

The Morbid Effects of Tight-Lacing. By Thos. W. Carter, M. D.—The author of this article, which we find in the Southern Medical and Surgical Journal for July, arrives at the following conclusions:

That the excessive prevalence of uterine derangements, such as the various displacements of the uterus, abortion, menorrhagia, amenorrhœa, leucorrhœa, &c., are attributable to tight-lacing; that the same practice induces constitutional debility in females, which is transmitted to the offspring when they become mothers.

Since I entered upon the duties of my profession, I have frequently been called on by elderly ladies to answer the following questions:—"What is the cause of the modern prevalency of uterine derangements, and more especially of prolapsus uteri? Why, in our youthful days, was it of rare occurrence, to meet with a woman thus affected—while of late it is equally rare to find one who is not at times more or less troubled with falling of the womb." Such questions naturally suggested to my mind, as the cause, some impropriety in the habits of the females of the present day. I knew it to be an unequivocal fact, that cases of prolapsus uteri and uterine derangements, generally, in modern times, compared with those of former days, (with due regard to increase of population,) were greatly in excess, if not in the ratio of three to one.

My being at first unable to give a decisive answer to these frequent and very rational inquiries, actuated me to inquire into the subject of the modern causes of the diseases under consideration, which brought me to the following conclusions: 1st. That the excessive prevalence of uterine derangements, in modern days, is owing to the unnatural and destructive practice of tight-lacing, so general among the female sex. 2nd. That such a practice does induce constitutional debility in the female economy. 3rd. That this constitutional debility is transmitted from the mother to her offspring, or at least the effects wrought upon the constitution of the mother affect her offspring.

I now propose examining each successively in the order in which they occur.

1. *That the excessive prevalence of uterine derangements, in modern times, is attributable to Tight-Lacing.*

In enumerating the uterine diseases which appear often to be engendered by this destructive fashion, we find the various displacements of the uterus—viz: prolapsus, procidentia, retroversion, &c., standing first in the catalogue. 2nd, abortion: 3rd, menorrhagia, 4th, the various derangements of the uterine functions—viz: amenorrhœa, dysmenorrhœa, leucorrhœa, &c., &c.

1st. *The various displacements of the Uterus.*—The manner

in which tight-lacing is instrumental, in the poduction of these loathsome maladies, is plain and obvious. The cruel compression exerted by an unyielding bodice, environing the inferior portion of the thorax and the superior portion of the abdomen, cannot but act injuriously. It forces the contents of the abdominal upon those of the pelvic cavity. From the long-continued and almost constant intrusions of the abdominal viscera, the ligaments which support the uterus become relaxed and so much weakened as no longer to be capable of sustaining that organ, together with the weight of the whole contents of the abdomen thus forced down: consequently the uterus, by degrees, is forced lower down into the pelvic cavity, until prolapsus, or some other displacement, is the unavoidable result.

2d. *Abortion.*—Abortion may be produced by plethora of the uterine system, which, from the engorged state of the capillaries of the uterus, is adequately calculated to induce a separation of the ovum at any period of gestation. Such a condition of the uterus is known to be inimical to the existence and safe repose of the ovum in its cavity: consequently, under such circumstances, conception is not likely to take place, and if it do take place, is likely soon to be followed by a separation and expulsion of the germ. This condition of the uterus may be readily induced during gestation, (even in those who have previously enjoyed good health,) by the impediment offered to the free return of the blood to the heart, by compression necessarily employed in *tight-lacing*, as well as the mechanical pressure of the uterus upon the pelvic veins, when that organ is more compressed by the abdominal viscera.

Abortion may also be induced by an opposite condition of the uterine system to that above described—that of anæmia, relaxation, &c.

In ladies who have been tenacious in adhering to the modern fashions from early life, this condition of the system is of common occurrence. In them we find an ample evidence of the debilitating and relaxing influence of modern fashion on the female economy, and more especially upon the functions of the uterine system.

Abortion may likewise be induced by an "inability in the uterus to extend itself beyond a certain size." We can readily imagine this condition of the organ, in the victims of the modern laced-jacket.

3rd. *Menorrhagia.*—This hemorrhagic discharge may be either active or passive, or at least connected with a plethoric

or hyperæmic condition of the uterus, or with a debilitated or anæmic state of the general system. The former condition may be the immediate result of the mechanical impediment offered (by excessive lacing) to the free passage of the blood to the centre of the circulatory system, thereby inducing an engorged condition of the capillaries of the uterus. The latter condition (that of anæmia) may be the mediate or secondary result of this impediment offered to the circulation. The plethoric condition may not in every instance result in hemorrhage, but, by inducing menstrual irregularities and derangements, the general system will become chlorotic, and so much debilitated, the uterine capillaries relaxed, and the whole mass of blood so much vitiated and attenuated, as to result in passive menorrhagia.

4th. *Amenorrhœa*, *Dysmenorrhœa*, *Leucorrhœa*, *&c.*, *&c.*—That the many menstrual irregularities which appear to be so very prevalent of late years, are in a great degree owing to the infatuation of modern fashion, no one of observation and information will deny. It is true, there are other causes which are very efficient in the production and perpetuation of menstrual irregularities and derangements, but I think it will be conceded by the reflecting mind that many of those derangements are attributable to female dress, and that much of the suffering and inconvenience to which many females are subject might be obviated, if they would dispense with the laced-jacket.

II. *That excessive lacing does induce constitutional debility in females.*

The practice of tight-lacing, we have seen, is very efficient in the production of the uterine derangements, in which the general system of necessity must participate. The whole mass of circulating fluid appears to become deteriorated.

The female, notwithstanding all her native beauties and perfections of form and constitution, is now compelled to lie down upon the bed of affliction and deplore the loss of all her fascinating charms. Where is the rosy tint that once decorated these pale and blanched cheeks? Where is that sprightly, buoyant, benignant expression that once sat upon this dejected countenance? Where that symmetrical, that beautiful, lovely form? Alas! how changed. We now behold the pallid cheek, the lusterless eye, the distorted countenance, indicative of pain and suffering—the emaciated frame and incurvated body immaturely and untimely drooping into the grave, before half the days allotted to woman have passed away.

Perhaps it may be proper, while upon this division of our

subject, to notice some of the evil effects of tight-lacing upon the various organs of the body, and the multifarious diseases that may result therefrom.

The lungs appear to suffer materially from this practice. Any person of observation may satisfy himself of the truth of this assertion by observing the motions of the chest during respiration. He will observe that it is impossible fully to inflate the lungs. The respiration is short and quick, inspiration is about half as long as expiration, and there is a considerable interval between expiration and inspiration. During this interval, the lungs are inactive and blood is passing through them, without the benefit of the oxygen of the atmosphere, and thus proceeds unoxygenized to the heart—from thence to be distributed to the various organs of the body throughout the general system.

May not such a perversion of the function of respiration and consequent unfitness of the blood to subserve the important purposes of nutrition, be considered a very efficient cause of the early developement and maturation of the tuberculous deposition in the lungs? May it not be regarded a prolific source of that irritable and cachectic condition of the system which appears to characterize the modern fashionable lady. The heart, the stomach, the liver, and indeed almost all the viscera of the thorax and abdomen, appear to be obnoxious to injury from the improper encroachments of the laced-jacket, by which are induced, directly and indirectly, a host of diseases known to depend upon a deteriorated quality of the circulating fluid, together with a perverted and deranged nutrition.

Lacing, when carried to excess, is unfavorable to longevity in a high degree, terminating life ere the span be half measured. Show me a matron, who has attained her three score years and ten, and I will show you a lady who was a stranger to fashion in her youthful days.

For the purpose of corroborating the position I have assumed, let us draw a contrast between the rustic maid, and the city belle, the victim of modern fashion in mature life, when the duties of wife and mother devolve upon them. The former is sprightly, active, and vivacious—her countenance lively, animated, and expressive of good health—her mind buoyant amidst all the troubles and vexations necessarily attendant upon the duties of a mother and a housewife: she enjoys the blessings of health, and the socciety of friends; she possesses a calm, serene mind, and is capable of meeting any reverse of fortune with fortitude—she is blessed with

healthy offspring, and generally lives to see them grown up and acting for themselves. But the votary of modern fashion, how reversed her condition in after life! Her corporeal powers at an early period begin to evince decay—her intellectual faculties to manifest imbecility—her mind becomes irascible, and her temper fretful and peevish. Such women are generally sterile, or at most conceive but a few times. The first may possibly reach the full term of gestation, after which abortion is a common result. The functions of the generative organs finally become entirely or so nearly suspended as to render all possibility of a future offspring extremely doubtful.

III. *That constitutional debility is transmitted from the mother to the offspring, or at least, the effects wrought upon the constitution of the mother are felt by her offspring.*

The practice of excessive lacing interrupts to some extent the sympathetic communication between the uterus and mammæ, and when the functions of the latter are called into action, they are feebly and but imperfectly performed, consequently those unfortunate victims to the trammels of this delusive fashion, after the cares and duties of mothers devolve upon them, in many instances find it impossible to nourish at their breast their tender offspring. And besides the deprivation of that maternal pleasure, which all mothers find in nourishing their own offspring, she is constrained to witness as the consequence of artificial nourishment, the tortures and pains of disease, and frequently the agonies of death, from the supervention of colic, diarrhœa, or some of the many gastric and intestinal derangements to which children under such circumstances are peculiarly obnoxious. Here it is evident the sins of the mother are entailed upon her innocent offspring.

And farther, it is reasonable to suppose from the morbid condition of the system, met with in such women, that even when milk is secreted in sufficient quantity for nourishment, it is of a very deteriorated quality, calculated to ruin the health, and undermine the constitution of her child.

I have now answered, to the best of my humble abilities, the questions so often propounded to me; if satisfactorily, I shall be truly gratified—if otherwise, I hope a better explication will be furnished by some one better qualified than myself to do justice to so interesting and important a subject.—***Southern Medical and Surgical Journal.***

The Endermic Application of the Sulphate of Quinine. By H. V. Wooten, M. D., of Lowndesboro', Alabama.—In July, 1842, I was called to a lady affected with intermittent fever, of a rather grave type. She had suffered several paroxysms, and the fever now continued through the apyrexia. She was entering upon the fourth month of pregnancy, and suffering extreme irritation of stomach. A physician had been prescribing for her several days, during which time the sulphate of quinine had been given in combination with morphine and various other anodynes, and aromatics, but all had been instantly rejected. The bare effort to swallow produced retching, and it appeared that nothing could remain on the stomach, not even a small quantity of the ordinary secretions. Another paroxysm was expected in about four hours. I advised the administration of sulphate of quinine xx. grs., sulph. morph. ½ gr., in ʒi. gum arabic mucilage, to be thrown into the rectum, and repeated in three hours. I had found this mode of administration to answer an admirable purpose, in a few cases before, but the rectum seemed as irritable as the stomach, and the enema was promptly rejected. It was repeated and rejected three times, which I learned on my visit next day, and the paroxysm occurred at the regular hour. At every chill she was attacked with uterine pains so severe as to threaten abortion; and aside from that danger, her general condition presented rather an alarming aspect. The remedial powers of the quinine seemed to be absolutely necessary in the case, and the only remaining way of introducing it was by endermic application. It was about twenty-six hours to the time for the next paroxysm. There was already a blistered surface over the epigastrum about seven inches square. We cut a piece of adhesive plaster large enough to cover it, laid the plaster upon the bottom of a warm waiter, and when it was sufficiently soft, poured the quinine upon it, and rubbed it on with a spatula, until it formed a complete covering of the plaster, and applied it over the blister. We prepared another, twenty inches long, and three wide, which we applied to the spine, from the cervical vertebræ downwards, after sponging the skin with warm water. These plasters were kept carefully applied, (enough of the margin being left uncovered to adhere to the surface,) and nothing taken into the stomach but a few drops of water occasionally, when thirst rendered it absolutely necessary, until after the hour for the paroxysm, with the happiest effect. She had no chill, and as the chill was the cause of the uterine pains, and greatly aggravated

the other symptoms, with it, she got clear of most of her distress, and improved very finely.

I have applied the sulphate of quinine endermically in four other cases, where, from various circumstances, I could not introduce it in a more direct way, and in every case with effect. I could detail them, but the practical result being so similar to the foregoing, it is unnecessary. I may mention, however, that in two cases the remedy was applied over a blister on the epigastrium, and in these it was successful in arresting the first paroxysm. In the two other cases, there was no blister, either on the epigastrium or spine; in one, it failed to arrest the first paroxysm, and succeeded on the second; in the other, it arrested the first, as in those cases where it was applied over a blister.—*Ibid.*

Trismus Nascentium.—The editors of the Southern Medical and Surgical Journal, for July, noticing Dr. Sims's plan of preventing trismus nascentium by providing the infant with a soft pillow, say, "We have given the above directions a fair trial, and like every other treatment for lock-jaw in infants, we have to write—'*Tekel.*'" On the same subject the N. O. Medical Journal contains the following:

[In compliance with the call made in our January number, for information concerning this fatal disease, we have been favored with the following letters, which we take pleasure in laying before our readers. We have but little doubt that the cause of the disease is intimately connected with the management of the umbilicus, and therefore think our correspondent's suggestion valuable. In connection with this subject we will mention, that a Creole professional friend recently informed us, that *Trismus Nascentium* was much more common amongst the plantations below the city a few years ago, than it is now; and that the present exemption is attributed to a plan of managing the navel adopted within the last few years: it consists simply *in dressing it with balsam copaiba.* We learn, that since the adoption of this, the disease is scarcely known in that neighborhood. We should be pleased to receive farther facts and suggestions on the subject.—We had expected to insert Dr. Fitzhugh's communication in our last number, but it was unavoidably postponed. We now have the pleasure of adding Dr. Wooten's interesting letter on the same subject, which has arrived just in time for the press. Dr. W. seems to doubt the correctness of the opinion we ex-

pressed in our last number, that this disease is more common in this city than any where else in the United States. Our remark was solely based upon the large number of cases found among our bills of mortality. We should be pleased to receive farther facts and observations in relation to its prevalence throughout the southern States, and especially as to its comparative frequency among white and black infants. The disease certainly occurs among both classes in this city, but to what relative extent we are not prepared to state at present. We repeat our invitation for farther facts.—Eds.]

Messrs. Editors: Having observed in your valuable journal, the great mortality in your city from *Trismus Infantum*, or *Tetanus Nascentium*, I am induced to offer the following view of its cause.

I have seen three cases only, all of which proved fatal. The symptoms were precisely those stated by Dr. Eberle in your January number; I therefore deem it unnecessary to repeat them.

The treatment which I adopted in these cases was somewhat different in each. I, however, blistered the abdomen, gave calomel, tinct. opii, oil, &c., without any good effect whatever. I doubt not, if taken in time, the treatment recommended by Dr. Eberle would be very efficient.

It is the cause of this alarming disease, however, which I wish to consider. Believing it proceeded from some mismanagement in dressing the navel, I requested the owner of that plantation to let me know when the next accouchment took place. He did so. I attended particularly to the dressing of the navel; following the plan usually pursued, that is, folding a piece of linen three or four times, making a hole in it for umbilical cord, then applying bandage three inches wide, and three or four feet long, drawing it pretty tightly, so as to give sufficient support to abdomen, passing it around three or four times. This child never had an attack of *fits*, as they termed it, and is now in fine health. In a few weeks I had another opportunity, which resulted, under the same management, with equal success. Previous to this there had been some fifteen or twenty deaths from this disease on this plantation. I have every reason to believe that it depends upon the manner in which the abdominal bandage is applied.

The dressing of the infant is generally—I might say always—left to some female present, and for fear of *hurting the navel*, she applies the bandage too loosely; the consequences are, when the child cries, the umbilicus is protruded, in some

cases, slight umbilical hernia, and otherwise irritating the navel, although it may externally appear perfectly cicatrized.

The navel should not be troubled or examined under four days, after removing it: the bandage should again be applied. and worn for three or four weeks, or as many months would not be amiss.

It has been supposed by some that the disease has been produced by using old rusty scissors to divide the cord: this I am confident is not so, having known the nicest instruments used with no better success.

I hope physicians having an opportunity of testing this. will give it their attention. Respectfully,

F. M. Fitzhugh.

Madison county, Miss., Jan. 20, 1846.

Lowndesboro', Ala., March 20th, 1846.

Messrs. Editors: After stating the mortality of New Orleans in 1845, you remark concerning *Trismus Nascentium*, that "this affliction is much more common here, than any where else in the United States, and demands careful investigation."

After assuring you that the result of such "careful investigation" would form a chapter in your Journal of the highest interest to me, at least, I must beg your indulgence in the expression of a doubt of the correctness of your opinion in regard to the disease being more common in New Orleans than any where else in the United States. It is a disease of fearful frequency on the cotton plantations in this section of Alabama. I am not prepared to compare it with other maladies in respect to frequency, but I believe that it destroys more negroes than any other single disease, in this region of country. In a practice of ten years amongst these plantations, I have seen a great many cases. Sometimes, I have found it of such frequent occurrence as to present the appearance of an epidemic. Yet *I have never seen a white child afflicted with the disease.* Is this the case in New Orleans?

Again: I have never seen a case of *decided* Trismus Nascentium that did not prove fatal. Indeed, so well is this characteristic of the disease now known, that it is very generally deemed utterly useless to call in medical aid, after the initiatory symptoms are well developed.

I have tried every plan of treatment which books, or the most anxious study on my part could suggest, but all wholly in vain.

I have made post-mortem examinations in several cases, and

found the pathological appearances as uniform as in any other disease. They are as follows:—Heavy vascular engorgement of the peritoneum throughout its whole extent, denoting the highest inflammation. All the portion surrounding the entrance of the umbilical cord into the abdomen, for a circumference of from one to three inches, was in a gangrenous condition. The liver was unnaturally heavy and stiff, with its veins fully injected with fluid blood. There was also heavy engorgement of the substance and membranes of the base of the brain, and along the medulla oblongata, and cervical portion of the spinal marrow.

I have usually observed the first symptoms to make their appearance about the time the umbilical cord comes away, and from this I at first supposed that it was the effect of awkwardness in dressing the navel by the ignorant midwives who usually attend on the plantations, but careful investigation led to nothing conclusive on this point.

Having taken the liberty to offer you these few facts, under the hope that they will not be entirely useless to you, allow me to subscribe myself,

Your obedient servant,

H. V. Wooten, M. D.

The Age at which Insanity is most Prevalent.—To determine the period of life which furnishes the greatest number of insane persons, it is sufficient to bring together the records, made up under different circumstances. One of them, made at the Bicètre, where poor men are received; another, at the Salpêtrière, a hospital destined for poor women; the third, at an establishment devoted to the wealthy. From these reports we may conclude:—1st, that the age which furnishes the greatest number of insane, is, for men, that from 30 to 40 years; whilst for women, it is that from 50 to 60 years; 2nd, that the ages which furnish the least, are, for both sexes, childhood, youth, and advanced age; 3rd, that among women, insanity appears earlier than among men, indeed from 29 to 30 years of age; 4th, that the rich are afflicted, in comparison with the total number of insane persons, in a greater proportion than the poor.—*London Lancet.*

THE WESTERN JOURNAL.

NEW SERIES.—VOL. VI.—No. II.

LOUISVILLE, AUGUST 1, 1846.

MEDICAL SOCIETY OF TENNESSEE.

It was with unfeigned pleasure that we received, a few days ago, a pamphlet containing the Proceedings of the Medical Society of Tennessee at the seventeenth annual meeting, held in Nashville in May last. This Society is growing almost venerable; it has lived a good way beyond a quarter of a century, which is a long period for institutions in our country founded upon the voluntary principle. But, we trust, it has many years of usefulness still before it, and will go on to the end of its century without evincing any signs of decay.

The officers elected at the late meeting of the Society were—A. H. Buchanan, President; Daniel McPhail, Vice President; R. Martin, Treasurer; C. K. Winston, Corresponding Secretary; and J. W. Stout, Recording Secretary.

Among the medical reports made to the Society were, a case by Dr. Felix Robertson, of ulceration of the bladder, by which a communication between that viscus and the rectum was established; a case, by Dr. R. Martin, of an acephalous monster; a case, by Dr.

A. W. Nelson, of removal of the condyle and a portion of the ramus of the inferior maxillary bone; a case, by Dr. Irwin, of injury of the spine; a case, by Dr. Manlove, presenting all the symptoms of hydrophobia which he attributed to lead poison; a case, by Dr. Overton, said to be "well authenticated," of hydrophobia cured by a strong decoction of phytolacca decandra, and a case of the same disease, by Dr. Robertson, cured by cantharides given to the extent of exciting strangury. These reports will be looked for with interest by the profession, and, no doubt, will soon be made public.

At the meeting of the Society in 1845 a prize of fifty dollars was offered for the best essay on *Scrofula*. This, it appears from the printed proceedings, drew forth four essays, the most meritorious of which was pronounced to be one written by W. L. Sutton, M. D., of Georgetown, Ky. We shall have the pleasure, we presume, of laying it before our readers, as by an order of the Society it is to be forwarded to us for publication. Dr. Sutton, it will be remembered, was successful, a year ago, in winning the prize offered by a lady for the best essay on the "Health of Clergymen." The practice of tendering premiums for papers on medical subjects of special interest is a good one, and it is pleasing to see that it is beginning generally to prevail among the medical societies. The Louisiana Medico-Chirurgical Society offer a gold medal, of the value of one hundred dollars, for the best essay on *Strictures of the Urethra*, to be awarded in 1847. Last year a prize was offered by the Medical Society of Alabama for the best essay on *Congestive Fever*, which was taken by Dr. Mabry, of Selma. The same Society is now offering a prize for the best *Medical History of Alabama*. The medical talent of the country will be brought out by these calls.

PROFESSOR BARTLETT.

The Western Lancet, referring to the appointment of Dr. Bartlett as Professor of the Theory and Practice of Medicine in Transylvania University, says, "his last letter contains a formal acceptance of the Chair." He is expected in Lexington before the opening of the lectures in November. The Lancet speaks of his health as being good.

UNIVERSITY OF LOUISVILLE.

From an advertisement on the cover of our Journal, it will be seen that the Medical Institute of Louisville comes before the public, this season, under a new and more imposing name. It is now the Medical Department of the University of Louisville. The change of name does not, in any way, affect its organization; but it is the same school in Faculty, buildings, and all the apparatus and means of instruction. Under its new name the school enters in November upon its tenth year. It is now able to refer to a numerous host of graduates as the fruits of its labors, and is willing to be tried by the scriptural rule: "Give her of the fruit of her hands, and let her own works praise her in the gates."

Other departments, it is expected, will be organized and put in operation, ere long, when we shall have in reality, as we now have on paper, a university in Louisville. Meantime the medical school has gained by the new charter. Before, it was subject to agitation, and every year brought attempts at change; now it rests upon a basis of security, and has only to go forward in the cultivation and advancement of medical science and learning. Its career, thus far, has been prosperous, and with its faculty will be the fault if its prosperity be less in coming years.

THE WEATHER—THE HEALTH OF LOUISVILLE.

Reports from all quarters speak of intensely hot weather. We hear of 100°, and upwards, in Boston. In St. Louis on the 5th of July the thermometer is said to have risen in the shade to 102°; and for three days afterwards it ranged there from 96° to 99°. Some of the thermometers in this city indicated a temperature of 96° about the same time, but our own never stood higher than 93°. Sunday morning, July 12th, it stood at 80°, at sun rise, and, at 3 o'clock, at 92°. On the 15th it was down to 60° in the morning, and on the 16th as low as 56°—a range of 40° in four days, taking the highest figures named as correct. Our London Correspondent mentions that the same extreme heat has been experienced there, which is very unusual for that climate. Writing, June 17th, he says:

"You speak in your last letter of the temperature of Kentucky,

and add, that I am not suffering in London from any such heat. You are mistaken; I do not remember ever having, in June, been so much affected by heat. That you may see what reason I have for complaining, and have what, as a meteorologist, I know will will interest you, I send you a table of the weather kept here during one week.

	Lowest previous night.	Highest in the shade.	Highest in the sun.	Average of extreme cold.
June 7	64	88	108	
8	62	79	98	
9	57	77	93	
10	57	70½	78	60·02°
11	51	80	95	
12	62	83	101	
13	63	85½	110	
14	63	86	109	

"The average temperature by the shade thermometer was 81·92, and by the sun register 102·30; so that the first thirteen days of June may be said to have afforded a continuous average of temperature of about 82°."

The health of Louisville has continued good up to this time. The sexton reported the number of interments for the two weeks ending July 14th, to be adults, 15; infants, 18. Perhaps bowel complaints have prevailed more generally among children than for some summers past, but the mortality among that class of our population has not been great.

EAST TENNESSEE MEDICAL SOCIETY.

We have received from Dr. Ramsey an excellent essay by Professor Dickson *on Quinine*, read before the Medical Society of East Tennessee at its meeting in May, which will appear in our next number. This was the second annual meeting of this Society, and was spirited and interesting. We hope to receive fuller accounts of its future meetings. The officers of the Society for the ensuing year are, J. B. Reese, President; S. B. Bowls and W. F. Barr, Vice Presidents; F. A. Ramsey, Corresponding Secretary; R. B. Strong, Recording Secretary; Wm. Rodgers, Treasurer.

CONNECTICUT MEDICAL SOCIETY.

We have received a neat, well printed pamphlet of 36 pages entitled "Proceedings at the Annual Convention of the Connecticut Medical Society, May, 1846, together with a list of Members and the Annual Address." The officers of this Society are, Archibald Welch, M.D., Presdent; Dyer T. Brainard, M.D., Vice President; V. M. Dow, M.D., Treasurer; Gurdon W. Russel, M.D., Secretary. The Society has been in existence half a century, and we learn that as long ago as 1794 a paper was read by Dr. S. H. P. Lee, at one of its meetings, on *Autumnal Bilious Fever.* From 1804 to 1817 there seems to have been an intermission in its labors, since no dissertation is reported as having been read during that time. The Society at its late meeting passed resolutions highly complimentary to the Medical Institution of Yale College. The annual address was delivered to the Society by Theodore Sill, M. D., the subject being typhoid fever. Every one who feels an interest in the progress of the medical profession must be gratified at the spirit exhibited by the Societies which now annually hold their meetings in so many States in the Union. Where there is so much united, well directed effort, there will be results. A more liberal, fraternal feeling is awakened among the members, and the impulses of a generous ambition are quickened in all the ranks of the profession.

DR. FORBES AND HOMŒOPATHY.

In a late number of our Journal we noticed an extraordinary publication by Dr. Forbes on the subject of homœopathy. This publication has drawn down upon the author a good deal of animadversion and complaint, and he has felt it necessary to enter into a long explanation in the *British and Foreign Medical Review,* of which he is editor, and in which his singular paper first appeared. We have not room, at present, to give up to any detailed account of his reply to the various letters addressed to him, but our readers, we are sure, will be gratified to see such language as the following put forth by him:

"But it never was imagined, much less contended for by the author of the article, that the treatment of diseases should or could be

exclusively left, in all cases, or even in any considerable proportion of cases, to this hygienic or non-medicinal system of management; or that we are not possessed of many drugs of the noblest powers, and of known and unquestioned efficacy in the mitigation and cure of many diseases. To do this would be, in the first place, wilfully to reject evidence of the most positive kind; and, in the second place, wilfully to encounter disease with only one-half our stock of arms and ammunition. And it would seem hardly less irrational for a physician of any experience to deny the efficacy of such general means as venesection, emetics, purgatives, or the individual power of such drugs as opium, mercury, iodine, quinine, iron, colchicum, &c., in controlling diseases, than for the soldier to denounce as useless the very weapons which had often enabled him to vanquish and overcome. Here, as in the former case, the writer's anathemas were directed against the abuse or improper use of the medicines, not against their proper use. In making this explanation, however, he must still avow his belief that of a very large proportion of the drugs in common use we are entirely ignorant of the action, or whether they have any action or not; that many are certainly useless and others injurious; that of the number which possess undoubted powers in modifying the condition of the animal body, in health and disease, we have yet to learn the exact mode of action, and the amount of remedial efficacy; and that in the administration of our very best medicaments we are absurdly profuse, and thus, not seldom, convert into an evil what nature intended for, and science was capable of applying as a blessing."

DUNGLISON'S MEDICAL DICTIONARY.

This Dictionary has reached the sixth edition, and prefers claims upon the attention and regard of students which cannot easily be resisted. If it is not "*indispensable*" to the profitable prosecution of their studies, it will be found so useful, so satisfactory and desirable, that not many will agree to do without it. In proof of the care bestowed upon this edition of his dictionary, the author remarks that it "contains nearly two thousand five hundred subjects and terms not contained in the last edition." We speak of the merits of this lexicon from long acquaintance with it; and of the many works to which we acknowledge ourselves under a debt of gratitude, there are few of which we should speak in terms of more hearty commendation than the dictionary of Professor Dunglison.

FACTS FROM CORRESPONDENTS.

A SHOWER OF MAGGOTS.

Communicated by *M. H. Fee*, M.D., of Leatherwood, Ia.

A strange phenomenon occurred in this town on the 18th inst., in the form of insects, commonly called "*skippers*," falling from a cloud accompanied by rain. The truth of the thing can be substantiated by at least six persons in the vicinity of my residence, whose attention was called to the circumstance by myself. The cloud arose in the west about 1 o'clock, P.M. The general course of Leatherwood creek at this place, and for a mile or two below, is west, so that the cloud in approaching the town touched many parts of the creek. A few minutes before the rain commenced falling here, I heard the noise of a water spout, or what Dr. Lardner terms, I believe, "partial attraction," about two miles below this, in the direction of the general course of the creek. The character of the noise, I cannot describe; all I can say is it was a *peculiar* noise, differing entirely from the sound of wind at a distance, or of murmuring thunder. I may very appropriately say of it, what Dr. Laennec says of the peculiarity of sounds in the thorax, in auscultation, "known only to the practised ear." Now, the only reasonable conclusion I can come to with regard to the manner in which these insects got their elevation in the air, is, that the "water spout" in its course up the creek, had passed over some stagnant ponds, or puddles, in which the dead carcass of some animal had been lying partially covered by water for perhaps months, or at least for such a length of time as was necessary for the generation of maggots, which were drawn up with the surrounding water.

The appearance of the maggots corresponded in every particular with that of the "skipper" found in bacon. They varied in length

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The appearance of the maggots corresponded in every particular with that of the "skipper" found in bacon. They varied in length

from one-eighth to one-third of an inch; were blunt at the hinder end, sharp at the head, and covered, as far back as the head extended, with short, black, bristly hair. After the shower was over and the sun came out, the heat caused them to double themselves and skip about from place to place, in search of shade.

June 22d, 1846.

Dr. Fee records an interesting phenomenon, but one by no means unprecedented in the annals of meteorological science. Many well authenticated instances are on record of animals precipitated from the upper regions to the earth during storms. A few years ago a number of small fish were picked up on one of the roads leading out of Louisville, two miles from the river, whence they had been carried by a gust of wind, the preceding night. We conversed with a gentleman in Jeffersonville, sometime since, who, in a hurricane which swept across the river just above the falls, saw fish going up with the ascending column of water. Frogs have been known to be carried up in a similar manner, and to fall at considerable distances in numbers. In tornadoes it is well known that even heavy bodies, as the branches of trees, are often elevated to great heights, and transported many miles. The surprising circumstance in Dr. Fee's case is that the storm should have come across the "skippers;" but that hardly equals the Tennessee wonder, in which the clouds poured down "flesh and blood." Our friend, Dr. Troost, the distinguished professor of Chemistry and Mineralogy in the University of Nashville, published shortly after this strange occurrence a learned paper on the subject of it, in which he gave an account of a great variety of bodies which have been seen to fall to the earth in different countries and at different periods, having been previously elevated into the air by the force of the winds. We regret that we have mislaid the interesting article and are therefore unable to copy some of its details.

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